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ABSTRACT

The document presents a legally formulated set of model regulations for state education departments to be used in accordance with law in support of quality in comprehensive school language, speech, and hearing programs. Nine sections cover regulations in the following areas: (1) authority, scope, general principles, effect, and definitions; (2) methods of providing services; (3) state and local responsibilities; (4) planning; (5) services and program management; (6) personnel qualifications; (7) facilities, materials, and equipment; (8) enforcement; and (9) public participation. Each section includes a set of specific provisions and an accompanying commentary which provides underlying rationale, notes current practices and trends, and supplies background information for persons other than those specializing in the field of communication disorders. Included with the document is a separate booklet presenting a copy of the regulations only. (IM)

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Project UPGRADE:

Model Regulations for School Language, Speech, and Hearing Programs and Services

Phase I: Recommendations for State Departments of Education in Implementing Comprehensive Regulations for Language, Speech, and Hearing Services in the Schools.

The American Speech and Hearing Association
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1973

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— Kenneth O. Johnson

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INTRODUCTION AND BACKGROUND

Need for Upgrading School Services

Estimates of the number of children with communicative problems and needs vary, but present information available indicates that the number of children of all ages with all kinds and degrees of communicative disorders exceeds three million. According to the National Institute of Neurological Diseases and Stroke (NINDS) significant incidence rates for communicative disorders have been ascertained in children (see Table 1.).

Table 1. INCIDENCE OF COMMUNICATIVE DISORDERS IN CHILDREN [1]

Communicative Disorders	*Number per 10,000*
Defects of speech affecting articulation	500
Severe hearing impairment	150-300
Voice problems	60
Stuttering (dysfluency)	60
Retarded speech development unrelated to deafness	50
Organic disorders affecting speech (cleft palate, facial malformations)	20
Organic speech disorders resulting from cerebral palsy	13
Total deafness	12

The incidence and prevalence of language and language learning problems is not known. Only recently has there been increased awareness of the problems many children have in using linguistic symbols in comprehension, transformation and/or expression for communication.

The effects of communicative disabilities may be prolonged and pervasive: academic failure, psychosocial maladjustment and loss of future earning power can stem from the lack of habilitative opportunities given early in the affected individual's life.

Schools have the responsibility to provide habilitative services and instructional programs for the appropriate management of childhood communicative impairments as a part of their overall responsibility to educate all children and provide for the special needs of exceptional children. This obligation has been reaffirmed recently, in many states, as a result of either:

- **lawsuits involving governmental responsibilities in serving handicapped children; or**
- **statutes passed by state legislatures making mandatory the provision of comprehensive, state-supported education and services for all handicapped children, including those with communicative disorders, deviations and needs.**

Information from the Council for Exceptional Children's State-Federal Information Clearinghouse reveals the following breakdown of services available to pupils with communicative disorders (see Table 2.):

*Table 2. COMMUNICATIVELY IMPAIRED CHILDREN RECEIVING EDUCATIONAL SERVICES

	Deaf	*Speech Impaired*	*Hard of Hearing*	*Language Impaired*
Estimated number of children	45,681	2,145,647	260,981	(not given)
Number of children receiving services	20,771	1,122,232	44,430	(not given)
Percentage of children receiving services	45%	52%	17%	(not given)

[1] *NINDS Research Profile: No. 4, Hearing, Language and Speech Disorders* (Washington, D.C.: U.S. Government Printing Office, 1967).

* Adapted from F. J. Weintraub et al. *State Law and Education of Handicapped Children: Issues and Recommendations* (Arlington, Va.: Council for Exceptional Children, 1971), p. 22.

Legal Change in the Seventies

In the past two to three years, unprecedented legal activity has occurred in special education for handicapped children. In addition to rulings of various courts and attorneys general that have either established new law or reinterpreted existing law, numerous bills have been enacted by state legislatures to expand and redefine educational services and/or provide altered funding bases for the education of exceptional pupils. The legal structure governing the delivery of special services to such children has, in many states, undergone extensive revision, thus making obsolete many of the administrative rules and regulations that had served as a bridge between the previous enabling statutes and their subsequent implementation through educational programs and practices at the local school district level.

Development of Model Statutes

The Council for Exceptional Children (CEC), after extensive research and study of current state law regarding education of handicapped children, developed a comprehensive set of Model Statutes "designed to provide a full legal basis for practicable and effective programs of education for handicapped children." [2] The intent of CEC was to offer states a studied, model provision that could be adopted, either in whole or part, by states needing to update or wishing to revise their laws governing education of the handicapped.

ASHA UPGRADE Project

The objective of this document, as part of the American Speech and Hearing Association UPGRADE project, is to complement and extend the CEC project by offering for consideration by state officials, a legally formulated set of Model Regulations to be used in accordance with law to support quality, comprehensive school language, speech, and hearing programs.

In assessing the influence of existing state department of education regulations on the delivery of school services for pupils with special needs in developing communicative skills, the conclusion was reached that in a number of states, the adoption of revised regulations would be highly desirable. A preliminary review of regulations in twenty states revealed program parameter omissions, outdated terminology, inadequate definitions for communicative impairments, and reimbursement policies that were unrealistic or unduly restrictive in providing for the unmet needs of children, especially those with problems of hearing and language impairment.

In 1971-72, the ASHA Office of School Affairs conducted a series of 29 regional workshops on critical issues attended by school language, speech, and hearing program supervisors, directors of special education, state consultants and university supervisors. Participants in each workshop identified the inadequacy of state education department rules and regulations as a critical issue affecting the implementation and delivery of appropriate services for pupils with special communicative needs. They generally viewed existing state provisions as needing substantial revision in philosophy, content and terminology to represent more accurately current knowledge and practices.

This review of existing statutory and regulatory provisions also pointed up instances where state education department administrative regulations and guidelines, because of adherence to traditional concepts of service needs and program development, may have failed to interpret enabling legislation in a broad enough manner to permit increased and newer modes of service for children.

The ASHA UPGRADE project was developed to implement a system for a) reviewing and analyzing state laws, regulations, and policies as they pertain to the delivery of language, speech, and hearing services in the schools; b) recommending positive changes in the legal (regulatory) basis for school services in the states; and c) evaluating progress of the states in adopting the Model Regulations over a three-year period. First-phase project activities included:

- Cooperating with CEC in collecting, publishing and disseminating comprehensive data on legal provisions for school language, speech, and hearing programs and services through its State-Federal Information Clearinghouse for Exceptional Children.
- Appointing a Technical Study Team to assist the ASHA project staff in studying existing program parameters (such as, pupil eligibility, personnel standards, supervision, service models, etc.), formulating and publishing Model Regulations, comparing the Model Regulations to existing provisions in each state to determine needed changes, and developing procedures for recommending revisions.

[2] Weintraub, op. cit., p. 110.

Use and Development of the Model Regulations

Most state laws tend to be written generically to provide for all handicapped children and youth and designate authority to state education departments for developing regulations governing pupil selection criteria and service requirements. Since language, speech, and hearing programs represent only a portion, albeit a significant one, of the total services offered to pupils in need of specialized educational programming, the general format and legal language used in this set of Model Regulations could, with minor adaptation, be made applicable to handicapped pupils in general as well as to pupils with other, distinctive special needs, such as the blind, emotionally disturbed, etc.

Certain parts of the Model Regulations contain material and set forth requirements that have unique relevance for the area of language, speech, and hearing. It became necessary, however, to develop provisions of both kinds—i.e., general and specific—to make this presentation fully adequate since both aspects of the regulations vary so much among the states.

Other basic operational premises influenced the development of these Model Regulations:

—Model Regulations should be designed to be in general conformity with the principles and philosophy characterizing the CEC Model Statutes, namely:

- Appropriate education and supportive services must be provided for all children; and
- To the maximum extent possible, special education services are to be provided in the regular school and normal community environment.

—A broad structural model for the delivery of language, speech, and hearing services is necessary to permit the development of comprehensive programs to meet a wide range of pupil needs.

—Although present state laws vary a great deal in format and substance, the Regulations are prepared in a manner that will permit their adoption, either verbatim or reasonably adapted, by most states. Hopefully, each state will go as far as their statutory authority allows in implementing the recommended Regulations.

—Those states having statutory provisions that may either conflict with or (by omission) not offer legal support for specific provisions or sections of these Model Regulations may be stimulated to consider new or amended legislation to remedy inadequacies in existing law.

—While regulations are intended to prescribe action for those being regulated, the principal interest of the state should be to promote and assure the desired result—in this case appropriate services for those entitled to the benefits of language, speech, and hearing programs. Since operations are to be almost entirely at the local level, school district authorities should be given as much freedom as possible to develop and conduct their own programs in ways that are appropriate but reasonably convenient for them and in best accord with their individual circumstances. Accordingly, wherever possible, these Regulations are written in terms of the results to be achieved.

Accompanying Commentary

Although these Regulations are intended to stand on their own merit as a set of procedural implementing provisions that embody certain objectives, a consistent philosophy, and enough specificity to promote compliance and enforceability, an accompanying commentary is included. This commentary (prefacing each section of the regulations) provides the rationale underlying the development of that section, notes current practices and trends, and supplies certain background information to persons whose primary area of training or specialization lies outside the fields of speech pathology, audiology, or education of the hearing impaired.

In some of the regulations appearing throughout this document, brackets [ ] have been used to point up statements or indicate instances where individual states may need to set their own criteria in conformity with existing state statutes or practice. Often, the commentary includes recommendations or expository observations dealing with options open to the states relating to these bracketed statements.

Also, some of the recommendations included in the commentary represent positions or philosophies that may be adopted, in some states, only after thorough review and analysis of current statutes, since legislative change may be needed to implement certain recommendations.

Within each commentary section, every effort has been made to report information as accurately as possible, but the continual revision and updating of existing statutes and regulations may have resulted in unavoidable omissions or the reporting of information that will not be current by the time this document is read.

Commentary

Part I. Authority, Scope, General Principles, Effect, Definitions

Existing state laws providing for education of the handicapped reveal wide variations among the states in determining which pupils are eligible for special services. Several trends do seem evident. First, a substantial number of states now make some provision for early preschool identification and intervention efforts, often beginning at birth. Second, almost all of the states have adopted some mandatory provisions and are committed to provide appropriate special services and education to all handicapped pupils now or within the near future. Third, a majority of states have authorized continuation of programs above the usual legal school attendance age, to age 21 or beyond. Some states do not specify a maximum age for eligibility.[3] Fourth, the categories of exceptional pupils defined as eligible for programs and services have been expanded. More states are making provision for multiply-handicapped pupils (particularly deaf-blind children) and, in a number of states, priority has been given to identification of, and program development for children with learning disabilities.

In the case of children with special communicative needs, few states have specific statutory provisions that cover all types of communicative disabilities. The definitions included in Part I of the Model Regulations represent an effort to remedy this general omission by utilizing an all-inclusive term—"communicative disorders/deviations/needs"—and by employing behavioral descriptions of the eligible population. Precise, clinical diagnostic descriptions have not been used in order to avoid the categorical labeling that has often led to restrictive practices in providing needed services. For instance, some states currently do not support funding of more than one service for a given pupil. An example of this practice follows: pupils in classes for the educable or trainable retarded, many of whom need language, speech, or hearing services scheduled on an intensive basis, may only be counted once for state reimbursement purposes—as a member of a special class—when either an ADA (average daily attendance) or a per pupil formula is used. If local resources are strained, even itinerant services to these pupils may be decreased or discontinued altogether.

[3] Alan Abeson and Elaine Trukem, *Handicapped Children Redefined—Legal Eligibility for Service—Expanded* (Arlington, Va.: Council for Exceptional Children, 1973).

Children with language disorders, as a group, have generally been adversely affected by previous categorical labeling and/or omission from eligible pupil populations. The growing focus on learning disabilities has, in some instances, complicated the matter still further where diagnostic practices and educational programming do not reflect full consideration of problems in auditory perception, auditory comprehension and spoken language that may be exhibited by many pupils classified as "learning-disabled."

Throughout the Model Regulations, the terms "language, speech, and hearing services" and "pupils requiring language, speech, and hearing services" are used as another means of promoting services to more children whose needs are currently poorly met. In a departure from customary practice, the deaf have generally not been treated as a separate group in these Regulations since the general principles, provisions, and philosophy expressed in all sections apply to these pupils as well.

RECOMMENDATION:

Services should be mandatory for all handicapped children, including those with communicative disorders/deviations/needs from birth to at least 21 years of age.

Alternative:

As a minimum, pre-school services should be allowed and funded for children with severe language, speech, or hearing impairment or other symptoms indicating that they are at risk for developing adequate communicative skills.

MODEL REGULATIONS

Part I. Authority, Scope, General Principles, Effect, and Definitions

***Section 101. Authority**

These regulations are issued and in force pursuant to [cite Title or Sections of state school law providing for education and services for exceptional children. If provisions for children with communicative disorders, deviations, or developmental needs are specifically included or appear elsewhere in the law, include in citation.]

***Section 102. Scope**

These regulations apply to the provision of educational and education-related services to persons [between birth and the age of 21] who are enrolled in the public schools of this state or in nonpublic schools, attendance at which may be offered in satisfaction of the state's compulsory school attendance laws. In addition, they apply to children who, because of physical or mental condition are being educated at home, in hospitals, or in facilities other than schools, and to persons below the compulsory school attendance age, to the extent that programs of special education and related services are available or required pursuant to law for such persons.

***Section 103. General Principles**

1. Language, speech, and hearing programs and services are required to be made available to all pupils. For all persons referred to in Section 102 of these regulations, required services include screening and assessment to ascertain whether a pupil is in need of communicative skill development, remedial or supporting instruction and habilitation, counseling or other aid in order to permit him to benefit from an educational program or to perform reasonably therein.

2. It is the responsibility of local school districts to provide language, speech, and hearing programs and services adequate to meet the requirements of state law and these regulations. This responsibility may be met by each school district acting for itself; by action of two or more school districts through establishment and maintenance of joint programs; by purchase of services from suitable public or private agencies having appropriate programs, capacity and competence; or by any combination of the foregoing. Regardless of the method or methods chosen, however, the individual school district has the responsibility and is accountable for provision of the programs and services.

3. Provision of state aid and technical assistance shall be in accordance with [cite appropriate statutes]. Direct provision of programs and services by the state shall be in accordance with law and, to the extent that it occurs, may be in lieu of provision by the local school district.

4. To the extent practicable, pupils requiring language, speech, or hearing programs or services shall be educated in the regular school program of the local school district; shall receive instruction in classes attended primarily by pupils who are not handicapped; and shall be furnished such supplementary equipment, facilities, and remedial or other services as may be necessary to enable them to perform satisfactorily in the normal learning environment of the school. Special classes, facilities, and services shall be provided outside of the regular school program only to the extent that such other locations are necessary for the proper performance of clinical, medical, or other services, or that such performance requires equipment, facilities or personnel who cannot be reasonably and efficiently accommodated on the premises of the regular schools.

***Section 104. Effect of Regulations**

These regulations have the force and effect of law. Failure on the part of any local school district or other school or agency to comply with them shall be a ground for the withholding of state aid otherwise provided for language, speech, and hearing programs or provided to the school district or other school agency generally and for the taking of any other remedial or enforcement action in accordance with law.

Section 105. Definitions

As used in these regulations:

*1. ["Department"] means the State Department of Education.

*2. "Parent" means a natural parent or any other person who has personal guardianship rights and responsibilities for a pupil.

*3. "Pupil" means a person who pursuant to the laws of this state is entitled or required to receive a public education in [grades 1-12] and any other person between birth and the age of 21 for whom education or language, speech, and hearing services are provided by the state or school district. These persons include those who evidence:

a. Language disorder/impairment – a disability in verbal learning resulting in markedly im-

***(Asterisk indicates principle applicable to all handicapped pupils.)**

paired ability to acquire, use or comprehend spoken, read and written language where no significant degree of sensory or motor incapacity, mental retardation, emotional maladjustment or environmental disadvantage is present as the primary disabling condition.

b. Voice disorder/impairment – abnormality in pitch, loudness or quality resulting from pathological conditions or inappropriate use of the vocal mechanism that interferes with communication or produces maladjustment.

c. Fluency disorder/impairment – disruptions in the normal flow of verbal expression that occur frequently, or are markedly noticeable and are not readily controllable by the pupil. These disruptions occur to the degree that the pupil and/or his listeners evidence reactions to the manner of speech and the disruptions so that communication is impeded.

d. Articulation disorder/impairment – defective production of phonemes (speech sounds) that interferes with ready intelligibility of speech. Types of misarticulations include: substitution of one phoneme for another; omission of phonemes in words; phonemic distortions; and inappropriate additions of phonemes.

e. Hearing disorder/impairment – a loss of auditory sensitivity sufficiently severe to affect the pupil's ability to communicate with others. Deaf pupils include those whose hearing impairment is so severe that they do not learn primarily by the auditory channel even with a hearing aid and need extensive special instruction to develop communicative and learning skills. Hard of hearing pupils include those whose hearing level for speech is adequate to allow them to acquire speech and language and learn by auditory means although they may experience difficulty, under certain circumstances, in verbal communication with or without a hearing aid or other amplification equipment.

4. "Language, speech, and hearing programs and services" include the activities, materials, procedures, habilitation and instruction required by pupils with communicative disorders, deviations, and needs and provided by speech pathologists, audiologists and teachers of the hearing impaired, program administrators, supervisors and other appropriate professional and paraprofessional support personnel.

5. "Communicative disorders/deviations/needs" is the inclusive term used to denote the continuum of communicative problems and needs to be found in pupils requiring language, speech, and hearing services.

a. Pupils with communicative disorders are those exhibiting severely-impaired language, voice, fluency, articulation or hearing to such degree that academic achievement and/or psycho-social adjustment is invariably affected and the condition is significantly handicapping to the affected individuals.

b. Pupils with communicative deviations include those with mild developmental or nonmaturational problems in language, voice, fluency or articulation, as well as those with mild hearing loss requiring minimal aural rehabilitation procedures involving maintenance of adequate speech and voice quality, special classroom seating and auditory training. The milder degree of severity does not, however, contraindicate the need for interventional measures in order to permit these pupils to perform satisfactorily in the educational setting although the frequency and nature of such measures may be programmed at a different level than for those pupils with more severe impairment.

c. Pupils with communicative needs include the general school population for whom organized, sequenced curricular activities should be provided to promote the development of adequate communicative skills that will be beneficial to them as part of their overall educational program.

*d. Multiply-handicapped pupils include those with two or more conditions requiring special educational services designed to ameliorate the effects of the combined impairments. When communicative disorders/deviations/needs are present and contribute to the pupil's total disability, the provision of language, speech, or hearing services in addition to any other services or instruction provided for these pupils is considered essential.

Part II. Methods of Providing Services

This section of the model regulations indicates the types and extent of service activities that need to be provided if comprehensive programs are to be implemented for all children and youth with communicative disorders, deviations and needs.

A comprehensive service program is best grounded in a conceptual framework that accounts for the infinite diversity of individual needs and abilities found in the typical school age population. According to Weintraub et al: [4]

> "Special education can be conceptualized as a continuum whose one extreme is minor assistance to children in otherwise normal environments, to the other extreme of education for children in residential environments."

In 1971, the Council for Exceptional Children released a policy statement on "Basic Commitments and Responsibilities to Exceptional Children" that set forth a "continuum of services" and recommended delivery models for educating all handicapped children. Concurrently, the American Speech and Hearing Association proceeded to outline a plan for delivering a range of services to children with communicative impairments and needs along a continuum ranging from the severe disorders to be found in some children to the common needs all children have to develop basic competencies in communicative skills.

In looking at Table 2 (p.iv), it is obvious that many communicatively handicapped children are not now receiving any services at all. Further, one may reasonably assume that some of those receiving services may not be getting the kind or amount of support they actually require because a full range of services is not available to them or they have been placed in inappropriate programs.

The regulations and definitions included in this section are based on the continuum model appearing in Figure 1 (p. 7).

The concept of planning and programming for a continuum of appropriate services and instruction for exceptional children is apparent in some state regulations, statutes, and programs. Ohio's and Alaska's regulations and Florida's planning guidelines are prime examples, while Maryland is experimenting with model programs in a continuum design and studying the costs involved in such programming. North Carolina's regulations were revised in 1973 to incorporate the continuum model for speech, hearing and language services. Maine and Massachusetts, among others, are in the process of adopting the continuum in regulations appropriate to their state statutes.

Recent legislation and litigation in a number of states have resulted in new requirements for the identification, assessment and placement of children with special needs. On the basis of a state-by-state analysis of pertinent statutory and regulatory provisions, the CEC State Federal Information Clearinghouse has accumulated information indicative of these emerging trends in special education: [5]

> Changes are occurring in the methods and criteria for program placement of exceptional children as a result of greater recognition of the rights of parents and children to due process and the institution of appeals procedures allowing parental challenges when they believe that children have been inappropriately placed or unfairly denied services.
>
> There is a tightening of state control through more extensive requirements for identification, registries, and comprehensive assessment of handicapped pupils in local school districts. About 60 per cent of the states now require placement committees to assist in determining appropriate pupil placement.
>
> Provision is made, in a growing number of states, for parental involvement in the assessment procedure and periodic review of every child's placement, re-evaluation, and/or re-assessment.
>
> Placement options are being extended and broadened by use of flexible programming practices and the emphasis on "mainstreaming", retention in, or greater pupil integration into the regular educational program with continuing support services.

RECOMMENDATIONS:

The following types of options constitute component parts of a continuum model appropriate for pupils with communicative disorders, deviations or needs:

a. *Diagnostic center placement.* This option may be employed to provide thorough diagnostic assess-

[4] Op. cit., p. 87.

[5] Elaine Trudeau et al. *State Laws and Administrative Procedures Relating to the Placement of Exceptional Children.* (Arlington, Va., Council for Exceptional Children, 1973).

ments and appropriate educational plans for pupils enrolled in the center on a short-term basis. Services are given by speech pathologists, audiologists, teachers of the hearing impaired and other support personnel in a inter-disciplinary team approach. Such centers may operate on either a local, cooperative or regional basis.

b. *Special classroom placement.* This option should be considered when the diagnostic assessment indicates that the pupil's needs cannot be met by placement in the general education program. The special classroom program should be designed to serve small groupings of pupils with severe communicative disorders. In some instances, these classes may be housed in special schools. When the classrooms are located in or near regular school facilities, pupils may be programmed into regular classes and activities for part of their instruction and related services as they demonstrate potential for successful performance.

c. *Regular classroom placement with supportive services.* This option may be used for pupils with communicative disorders, deviations or general communicative development needs. Supportive services provided by language, speech, and hearing specialists include:

(1) Direct/indirect services to pupils enrolled in regular or special classrooms from a language, speech, or hearing specialist and/or a team operating on:

(a) Intinerant basis—the specialist provides continuous, ongoing services to pupils in more than one school or center. Scheduling options for this type of service include: intermittent sessions on a regular basis, or intensive cycling, which provides daily service in a particular school or center for a specified block of time. Flexibility of operation and scheduling is desirable in itinerant programming in order to provide for the varying needs of individual pupils.

(b) Single building basis—the specialist is assigned full time to one building or center. Services may be provided by either intermittent or intensive scheduling.

(2) Direct/indirect services to pupils provided through a resource room within a school staffed with language, speech, and hearing program personnel. Pupils remain in regular or special classrooms for the major part of the day, but are scheduled into the resource room for one or more periods of individualized instruction.

(3) Consultative services to regular or special classroom teachers, curriculum specialists, parents, etc., to provide them with information on communicative skill development, specialized materials and procedures, demonstration sessions and other activities organized to help pupils develop appropriate communicative behaviors in social, educational, and cultural contexts.

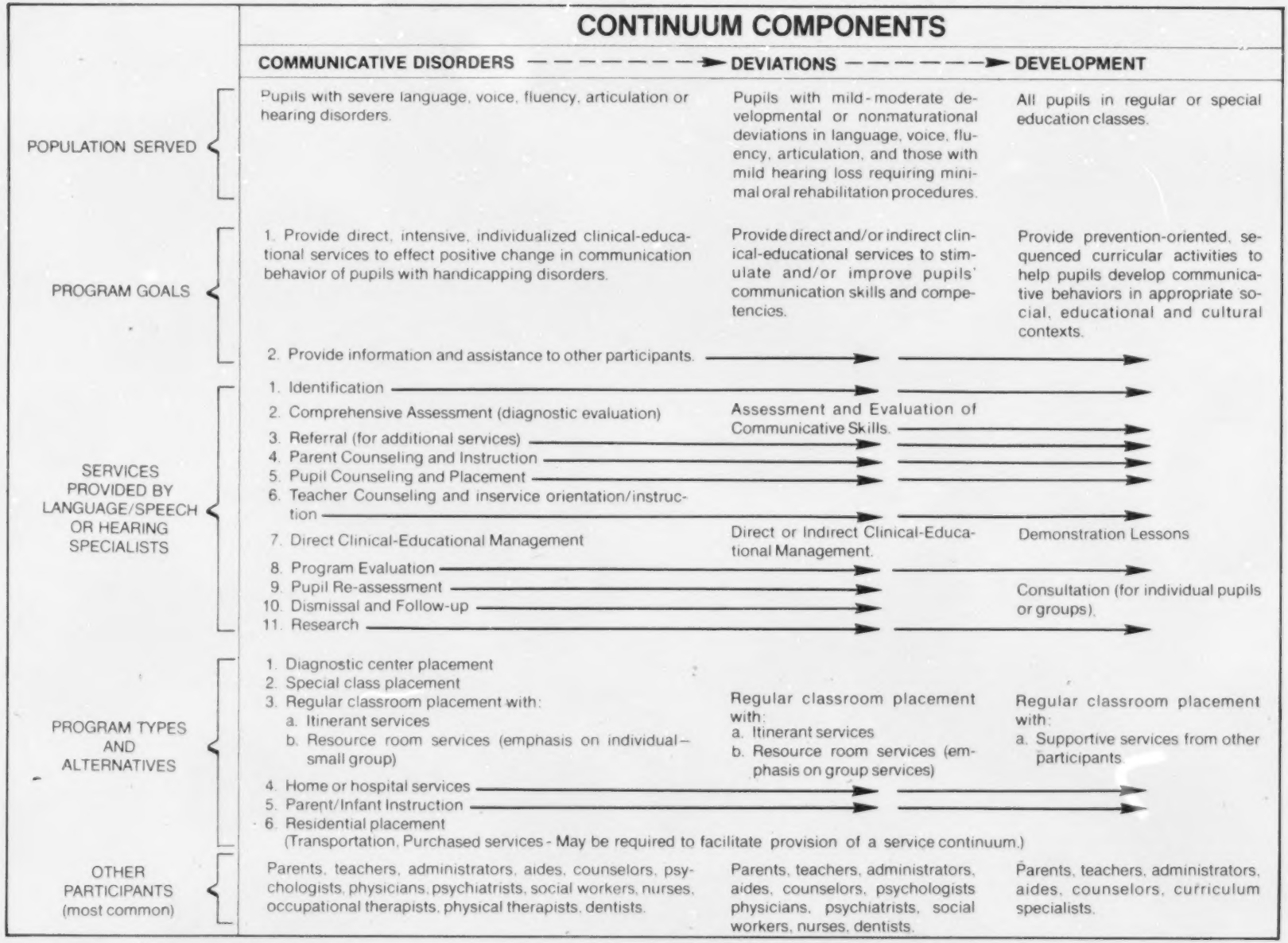
d. *Home and/or Hospital Services.* Language, speech, and hearing specialists may use this option to serve pupils who are unable to attend school because of confinement to their homes or to a hospital setting.

e. *Parent/Infant Instruction Services.* In this option, parents are provided with guidance and instruction for assisting infants and pre-schoolers to develop appropriate communicative behaviors and skills. The guidance and instruction provided by language, speech, and hearing specialists may be given in schools, centers, homes or other approved facilities as appropriate. This model is considered most applicable for children who, because of organic, behavioral, or other symptoms, are determined to be actually or potentially handicapped in developing necessary communicative skills.

f. *Residential placement.* This option is usually reserved for pupils with severe disorders. Education and specialized services are provided in addition to residential care.

The Model Regulations allow implementation of all of the preceding options, and tend to discourage the sole use of the itinerant model or any other single method for delivering language, speech, and hearing services. The provision of service commensurate with pupil need and adaptive behavior should be the primary concern in establishing intervention programs. Organizational models used to deliver services should allow adequate frequency and intensity of help for optimum pupil progress.

Figure 1. THE CONTINUUM OF LANGUAGE, SPEECH, AND HEARING SERVICES FOR CHILDREN AND YOUTH


CONTINUUM COMPONENTS
COMMUNICATIVE DISORDERS
DEVIATIONS
DEVELOPMENT
POPULATION SERVED
Pupils with severe language, voice, fluency, articulation or hearing disorders.
Pupils with mild-moderate developmental or nonmaturational deviations in language, voice, fluency, articulation, and those with mild hearing loss requiring minimal oral rehabilitation procedures.
All pupils in regular or special education classes.
PROGRAM GOALS
1. Provide direct, intensive, individualized clinical-educational services to effect positive change in communication behavior of pupils with handicapping disorders.
Provide direct and/or indirect clinical-educational services to stimulate and/or improve pupils' communication skills and competencies.
Provide prevention-oriented, sequenced curricular activities to help pupils develop communicative behaviors in appropriate social, educational and cultural contexts.
2. Provide information and assistance to other participants.
SERVICES PROVIDED BY LANGUAGE/SPEECH OR HEARING SPECIALISTS
1. Identification
2. Comprehensive Assessment (diagnostic evaluation)
Assessment and Evaluation of Communicative Skills.
3. Referral (for additional services)
4. Parent Counseling and Instruction
5. Pupil Counseling and Placement
6. Teacher Counseling and inservice orientation/instruction
7. Direct Clinical-Educational Management
Direct or Indirect Clinical-Educational Management.
Demonstration Lessons
8. Program Evaluation
9. Pupil Re-assessment
10. Dismissal and Follow-up
11. Research
Consultation (for individual pupils or groups).
PROGRAM TYPES AND ALTERNATIVES
1. Diagnostic center placement
2. Special class placement
3. Regular classroom placement with:
a. Itinerant services
b. Resource room services (emphasis on individual–small group)
Regular classroom placement with:
a. Itinerant services
b. Resource room services (emphasis on group services)
Regular classroom placement with:
a. Supportive services from other participants.
4. Home or hospital services
5. Parent/Infant Instruction
6. Residential placement
(Transportation, Purchased services - May be required to facilitate provision of a service continuum.)
OTHER PARTICIPANTS (most common)
Parents, teachers, administrators, aides, counselors, psychologists, physicians, psychiatrists, social workers, nurses, occupational therapists, physical therapists, dentists.
Parents, teachers, administrators, aides, counselors, psychologists physicians, psychiatrists, social workers, nurses, dentists.
Parents, teachers, administrators, aides, counselors, curriculum specialists.

MODEL REGULATIONS

Part II. Methods of Providing Services

***Section 201. Regular Instruction Preferred**

The preferred method of providing instruction and special services to pupils in language, speech, and hearing programs shall be to accommodate them in regular school facilities in such manner as to make maximum use of and provide maximum integration with instructional and other school programs for pupils who are not handicapped. Supporting services designed to make it practicable for the pupil with communicative disorders/deviations/needs to perform satisfactorily in the normal school environment are to be auxiliary to the regular school programs and shall be programmed so as to facilitate participation of such pupils in their regular classroom instruction and activities.

***Section 202. Special Classes**

1. Special classes shall be provided only for those pupils for whom the regular instructional program cannot be made suitable with or without supporting services for pupils or staff. Whenever a pupil can reasonably be served partly in the regular school environment, he shall be placed in a resource room or otherwise receive separate programming only for those activities and services which cannot reasonably be provided or administered in the regular instructional program.

2. It is the policy of the [Department] and shall be the policy of local school districts to assemble sufficient numbers of pupils needing language, speech, and hearing services in individual regular schools so that they may be efficiently served in conjunction with school programs for nonhandicapped pupils. Whenever there are at least [five] pupils of appropriate age and with similar special service needs whose places of abode are within the school district or within [forty-five minutes] one-way travel by reasonable transportation routing from a school that they would be eligible to attend, except for their communicative disorders/deviations/needs, it will be presumed that necessary special services or one or more special classes shall be provided for such pupils at the school. The presumption may be overcome only by the presentation to the [Department] that it is infeasible or unreasonable to establish or maintain such services or program at the school. This Section shall not be construed to prevent the local school district from selecting the site or sites of programs and services from among the several schools which may be within an area meeting the criteria set forth herein.

***Section 203. Itinerant Services**

Language, speech, and hearing services may be provided on an itinerant basis by professionally qualified persons whenever the number and location of pupils to be served does not justify their provision by professional personnel attached on a full time basis to a single school or other facility. It shall be a condition precedent to approval of an itinerant program for state aid that the school district submit evidence satisfactory to the [Department] that the quantity and quality of services provided by an itinerant program does and will continue to meet the requirements of all pupils at each location and in the area as a whole.

***Section 204. Home Services; Hospital Services**

Pupils whose physical or emotional condition is such as to preclude their attendance at school shall not be denied education on account thereof. Instruction and appropriate language, speech, and hearing services shall be provided by the school district through home or hospital programs. The provision of language, speech, and hearing services for homebound or hospitalized pupils will be approved only for those pupils with disabilities requiring medical attention, since communicative disorders/deviations/needs are not of themselves sufficient reason for nonattendance at school.

***Section 205. Institutional Provision**

1. The state may provide instruction and related services in the schools for the deaf which it maintains and operates, but preference shall be given to the provision of instruction and related services in the normal school environment.

2. School districts may provide instructional and related services in special schools for pupils requiring language, speech, and hearing services but only if such schools are maintained and operated by the school district or jointly by two or more school districts, or by a special education district. No such schools shall be established or operated by a school district or districts or by a special education district, unless approved by the [Department]. Such approval shall be given only on a showing that there are a sufficient number of pupils resident within the school district, school districts or special education district who, despite the policy preferences set forth in the laws of this state and these regulations, should not be educated in the regular

schools and require language, speech, and hearing services of a character for which a special school setting is necessary or presents compelling advantages.

***Section 206. Residential Facilities**

Special schools, and diagnostic or clinical facilities to which pupils must travel more than [45 minutes] one-way from their homes and at which instruction or language, speech, and hearing services are provided for pupils on a prolonged, continuing basis shall have residential facilities suitable to house and care for such pupils.

***Section 207. Private Schools**

A school district may discharge its responsibilities toward a pupil in need of language, speech, and hearing services by contracting with a private school or facility offering competent and appropriate programs and services upon approval by the [Department].

Commentary

Part III. State and Local Responsibilities

Without exception, all state constitutions designate education as a state responsibility. In order to discharge this responsibility, authority is usually delegated to state and local agencies, departments or boards. The principal actors in the delivery of services are the local school districts. The state provides aid, facilitation, and regulation to assure that the policies and requirements of law are met, and provides instructional and supporting services directly to pupils only under limited circumstances. Appropriately, the Model Regulations address primarily those actions to be taken and procedures to be employed by local school authorities. The state is represented only to the extent that it is necessary to describe the relationships between state and local authorities. Any effort to include material prescribing what the state education agency must or can do would amount to an attempt at unenforceable self regulation or would merely duplicate what already appears in state statute. A manual disseminated for informational rather than regulatory purposes would be the proper vehicle for exposition of state education agency programs and actions.

Great variation among the states in organizational and operational patterns presently characterizes the established state educational agencies. Current operational trends indicate increasing efforts to provide direct leadership and technical assistance to local school districts, and to employ more specialists who can offer needed services.[1]

By December, 1972, all states had established a division/section or department within the state education agency specifically charged with administration, supervision, and regulation of programs for the handicapped. There are still 15 states in which specialists designated in speech and/or hearing disorders have not been appointed to the staff of the state education agency, although local district personnel express the desire and need for these specialists to provide professional leadership and consultation. The mandate to implement quality, comprehensive services makes the employment of such specialists even more essential, especially in states where the majority of local district language, speech, and hearing programs are not administered or supervised by persons with advanced preparation and experience in speech pathology, audiology, or education of the hearing impaired.

Even for those school districts employing qualified administrators and supervisors with specialized training as speech pathologists, audiologists or educators of the hearing impaired, state language, speech, and hearing consultants offer valuable services in statewide program coordination and planning. In both instances, the state education agency must have staff knowledgeable in technical content of the discipline to accurately review local district plans for approval of funding, assert leadership, and/or assist local personnel in strengthening the quality of program development, management and evaluation.

To ensure needed services for handicapped children, more than forty states have statutes allowing local districts or the state education agency to contract with private schools or agencies within the state to provide educational services or programs. At least forty-five states make provision for local districts to contract with each other for services or operate programs cooperatively. Forty states pay for all or part of the costs incurred when children must be sent out-of-state to appropriate service programs.

Some states, however, appear to exercise little or no vigilance over the quality of the privately-given services they reimburse in out-of-state educational programs, in contrast to the review authority they maintain over local district programs. Two states, New Mexico and Tennessee,[2] do place this responsibility on the administrators of the school district of the child's residence. The Tennessee law states:

> *"Local governments and school districts are not relieved of their responsibility to provide free public education to handicapped children by the availability of private schools and services. If such schools and services are utilized it continues to be a public responsibility to assure that handicapped children receive an appropriate quantity and quality of instructional and related services and that all their other rights are protected."* (Sec. 2E, Chap. 839, 1972)

[1] Sam P. Harris, *State Departments of Education, State Boards of Education and Chief State School Officers*, DHEW Pub. No. (OE) 73-03400 (Washington, D.C.: U.S. Government Printing Office, 1973).

[2] Elaine Lindeman (ed.), *The Provision of Special Education Services in Non-Public Facilities* (Arlington, Va.: Council for Exceptional Children, 1973).

MODEL REGULATIONS

*Part III. State and Local Responsibilities

Section 301. State Responsibilities

1. It is the responsibility of the state, in accordance with law, to provide aid and technical assistance. The state will provide instructional, remedial, habilitative and other clinical programs and services only pursuant to law.

2. It is further the responsibility of the state to monitor the language, speech, and hearing programs of school districts and nonpublic schools in order to ascertain on a continuing basis their compliance with the requirements of state law and these regulations and, where appropriate, to take enforcement action designed to secure such compliance.

Section 302. Local Responsibilities

1. To the extent and in those cases where it is not expressly otherwise provided by state law, it is the responsibility of each school district to provide each pupil who is a resident thereof with a suitable program of regular and special education and with services incidental thereto. This responsibility may be discharged by using the service delivery alternatives and program options as enumerated in Part II of these regulations, with the extent of pupil need as the chief determinant of the nature and degree of intervention provided.

2. School districts shall cooperate in, initiate or conduct research activities designed to evaluate and improve program components, methodologies and case management practices.

3. School districts contracting with other districts or private agencies to provide programs for individual pupils or groups of pupils shall maintain responsibility for pupils receiving such services by:

a. Ensuring the adequacy and appropriateness of the services provided by requiring and reviewing periodic progress reports; and
b. Conditioning payments on the proper performance of services.

Commentary

Part IV. Planning

Analysis of state laws[8] serving as the legal basis for special education reveals a recent trend for states to include mandatory planning provisions in newly-enacted legislation. Although more than thirty states have some statutory provision for planning, only fourteen states presently require local districts to develop plans for comprehensive services. In a few cases, the state education agency is authorized to develop a plan for any local district that fails to comply with the planning requirements. California, Delaware, Kansas, Louisiana, Minnesota, New Jersey, Texas, Utah, Nebraska and Vermont are among the states that have established state advisory committees, councils or commissions to review, evaluate and recommend programs for the handicapped. Additionally, some state agencies have a statutory responsibility for developing a statewide plan and for overall coordination of special education services and program development. All states receiving federal funds for the handicapped have been required to develop a state plan.

The Model Regulations in this section are based in part on Florida's planning requirements, which were designed to promote implementation of mandated comprehensive services to all exceptional children. Some features of the Colorado planning regulations were incorporated; namely use of placement committee(s), parent involvement, and program planning and evaluation (PPE) procedures.

Since 1965, at least twenty-three states have enacted legislation encompassing some components of fiscal or educational accountability in public education. According to data disseminated by the State Education Accountability Repository (SEAR)[9], an additional sixteen states anticipated the introduction of such legislation during 1973. The accountability statutes in a number of states apply, specifically or generally, to special education.

Accountability features have been included in the Model Regulations in Part III—*State and Local Responsibilities;* Part IV—*Planning;* Part VIII—*Enforcement;* and Part IX—*Public Participation.*

[8] Elaine Trudeau (ed.), *Legal Provisions For State and Local Planning For the Delivery of Educational Services to Handicapped Children* (Arlington, Va.: Council for Exceptional Children, 1973).

[9] Phyllis Hawthorne, *Characteristics of and Proposed Models for State Accountability Legislation* (Denver: Cooperative Accountability Project, 1972).

MODEL REGULATIONS

*Part IV. Planning

Section 401. Content of Plan

On or before [date] each school district shall submit a plan to the [Department] outlining procedures for providing comprehensive language, speech, and hearing services for pupils, and for relating such services to the educational needs of the district school population. The plan shall be revised [annually, as needed] and shall:

1. Survey existing programs, services and facilities and reflect assessment of local needs in relation to current state and national data and trends.

2. Identify the goals and objectives of planned programs and designate program functions of the local staff to meet these goals and objectives.

3. Specify provisions for the ongoing identification, assessment, and placement of pupils in appropriate instructional programs and services, the extent of parental involvement, cooperation with appropriate community service agencies, and the use and composition of assessment teams and placement committees.

4. Describe provisions for the orderly development of sequential programs including curriculum, instructional resources, administrative/supervisory services, staffing, personnel training, facilities, funding sources, and any plans for cooperative or contractual arrangements with other local districts.

5. Describe the design for program evaluation.

Section 402. Approval of Plan

Written approval of the school district plan shall be obtained before application is filed for approval of programs, personnel and services to receive state aid. Approval of each school district plan shall be based on the following:

1. The supplying of substantial data and information from which it can reasonably be concluded that there are or will be procedures and resources to provide the services required by state law and these regulations.

2. Prior approval of the school district plan by the governing school district authority.

3. Verification of the data and information submitted and supplemental information acquired by site visits, program reviews and otherwise, when deemed appropriate by the [Department].

Commentary

Part V. Services and Program Management

Personnel Responsibilities

The continuum of services model (Fig. 1, p.7), presents the types of programs and services that should be provided by the states to meet the wide range of pupil needs. The basis for any or all services delivered by language, speech, and hearing program specialists is professional assessment and diagnosis of pupils' communicative behavior. The responsibilities of speech pathologists, audiologists, and teachers of the hearing impaired fall into two major categories:

CLINICAL-EDUCATIONAL

Clinical-educational management provided for pupils emphasizes individualization and direct or indirect assistance by the language, speech, or hearing specialist. Pupil assessment; diagnosis; case selection; scheduling; parent, pupil and teacher counseling; instruction and habilitation; dismissal and follow-up are basic components of this responsibility.

CONSULTATIVE

Consultative services provided by language, speech, and hearing specialists include indirect assistance by: supplying information and support to classroom teachers, curriculum specialists, and administrators; supervision and/or training of aides; in-service training of other intervention personnel; parent counseling and instruction; and demonstration of instructional procedures and techniques for developing communication skills in the classroom.

Caseload Requirements

In order that professional staff may perform these duties to the maximum benefit of pupils, it is recommended that *no* state-wide caseload maximum or minimum figures be established. Iowa and North Carolina have regulations that permit needed operational flexibility by making the caseload size determination the professional responsibility of individual language, speech, and hearing staff based on a comprehensive analysis of pupil need and the plan for service, and subject to approval by the state.

In a few states (such as South Carolina, Arizona, and Louisiana), minimum or maximum caseload size is specified by statute. In some others, the statutes indicate the minimum or maximum pupil caseload that will be approved for funding, and may include provisions for prorated reimbursement when a minimum figure is not reached. However, in most states, caseload requirements are set by the state department of education either through regulations or in policy manuals (guidelines) interpreting the statutes and/or regulations for local district use in implementing programs.

The most recent review of legal provisions in this area[10] reveals a broad range, nationally, in caseload size requirements for itinerant speech pathologists. The mean minimum caseload permissible is about 60 pupils, with maximum limits frequently in the range of 85 to 100. However, these figures probably do not reflect actual trends. Although a few states still have extremely elevated caseload requirements, a number of states have moved to delete minimum requirements and lower the allowable maximum.

The overall picture does present some uncertainty as to whether positive change is occurring rapidly enough to ensure reasonable caseloads for the majority of school language, speech, and hearing specialists, and, thus, improve opportunities for the delivery of comprehensive services to pupils. When staff are required to work with an excessive number of pupils per week, the following situations are generally found:

- Caseloads are composed primarily of pupils with milder problems.
- Pupils with severe disorders tend not to receive sufficiently intensive services.
- Group sessions become a necessity, individual sessions are infrequent possibilities, services are scheduled to expedite program administration and quantity considerations take precedence over pupil need, and consequently, quality of services.
- Contacts with teachers, parents and professional support personnel are limited because of the number of pupils who must be seen on a regular daily basis.
- Little time is available for professional personnel to serve on assessment teams and placement committees or to provide comprehensive diagnostic evaluations for pupils referred after caseloads have been established and schedules placed in operation.
- The itinerant model generally becomes the

[10] Elaine Trudeau and Roger Nye, *Legal Requirements for Class Size and Caseloads for Special Education Services* (Arlington, Va.: Council for Exceptional Children, 1973).

major, and often the only, mode for delivering services, and the professional personnel are assigned to a number of different schools. When caseloads are planned to equalize service time among schools, then waiting lists are an inevitable result, in spite of the high total caseload figure that may be achieved.

- Pupils, because of infrequent contact, may be retained in service programs for a time span that seems inconsistent with the degree of severity or type of problem for which they are receiving services.
- When clinical aides are utilized, the professional staff may not be given sufficient time to supervise these paraprofessionals and carry out their own direct service responsibilities as well. It is general practice to count all pupils receiving supplemental assistance from aides as belonging to the caseload of the supervising professional, so that caseload minimum or maximum figures might still apply to these circumstances of professional-paraprofessional service models.

RECOMMENDATIONS:

1. Caseload requirements for non-classroom language, speech, and hearing program specialists should be flexible enough to provice for individualization of services in direct accord with diagnosed pupil needs. Caseloads established by such specialists should be based upon professional self-judgment. Consideration should be given to such factors as:

a. Frequency of sessions scheduled. Pupils should be scheduled for at least two to five sessions per week initially. Pupils on maintenance or follow-up may be scheduled less frequently as their progress warrants such reduction.
b. Types and severity of pupils' problems.
c. Nature and level of services required by pupils to allow them to progress at optimum learning rates in accomplishing specific objectives.
d. Ages, intellectual abilities and social-emotional behaviors of pupils to be served.
e. Transportation schedules of pupils.
f. Travel required, if the specialist is itinerant.
g. Number of facilities to be served.
h. Professional competencies of the specialist.
i. Other professional responsibilities of the specialist, such as: screening, assessment, pupil staffings, parent/teacher consultation and instruction, record-keeping, and supervision of students in practicum or aides.

Questions of professional judgment in caseload matters should be directed to the program supervisor or invited consultants within the same disciplinary specialty or to the appropriate consultant in the state education agency.

2. Consideration should be given to the adoption of a unit basis in determining reimbursement for language, speech, and hearing services. Use of a per pupil formula for state aid generally requires the setting of minimum or maximum caseload requirements and thereby tends to be restrictive.

Class Size Requirements

While eleven states have *statutes* that specify class size for pupils enrolled in special education programs, generally the responsibility for determining minimum or maximum class size is left to the state education agency.

The Model Regulations do not impose arbitrary class sizes for pupils with severe communicative disorders. The purpose of special class placement—to provide specialized, small group and individualized *intensive* educational management—will be defeated if classes are too large and if the pupils in any one classroom grouping represent too great a span of age ranges and abilities. Although it is recommended that school districts be permitted to establish class sizes for severely involved pupils in relation to several specific factors, those states desiring to present some guidelines to local districts might consider the Nevada regulations, which appear to be among the most liberally designed in the nation. No minimum class size is stipulated, and the following maximum class sizes are allowed: [11]

AURALLY HANDICAPPED		
	Minimum	Maximum
Special Class—Preschool	—	5
Special Class—Primary	—	5
Special Class—Elementary	—	6
Special Class—Intermediate	—	8
Special Class—Secondary	—	8
Special Class—Elementary (two or more levels combined)	—	6
Special Class—Secondary (two or more levels combined)	—	8

[11] *Ibid.*, p. 25-26.

DEAF		
	Minimum	Maximum
Special Class—Preschool	–	5
Special Class—Primary	–	5
Special Class—Elementary	–	6
Special Class—Intermediate	–	8
Special Class—Elementary (two or more levels combined)	–	6
Special Class—Secondary (two or more levels combined)	–	8

LEARNING DISABLED		
	Minimum	Maximum
Special Class—Preschool	–	6
Special Class—Primary	–	6
Special Class—Elementary	–	8
Special Class—Intermediate	–	10
Special Class—Secondary	–	10

Although the class sizes for the deaf are generally in accord with national trends, the tendency is for maximum class size in Nevada to be similar for all other disability groups—trainable retarded, physically handicapped, emotionally disturbed, blind and visually handicapped (note: somewhat higher maximum class size is permitted for educable retarded pupils). This is a departure from usual practice. The Nevada regulations do provide that, when a full-time teacher aide is employed, class size may be increased but not by more than four pupils. California prohibits such expansion when aides are used, although maximum class size there is somewhat similar.

At least two states (Alaska and Washington) have regulated a reduction in regular class size when exceptional children are integrated into regular programs in order to facilitate mainstreaming.

Resource room caseloads or class size maximum numbers tend to average about 30 where state provisions are specific. Some states limit the number of pupils that may be instructed in a resource room by setting minimum and maximum numbers of pupils who may receive instruction during any one session.

RECOMMENDATION:

School district staff-to-pupil ratios established for self-contained or resource classroom program models should be set in relation to:

a. Types and severity of disorders represented in each pupil grouping;
b. Chronological age range represented in the grouping;
c. Age levels of enrolled pupils;
d. Supportive personnel available to the class or program; and,
e. Clinical-educational needs of the pupils.

Identification and Assessment

The procedures included in the Model Regulations for *Identification and Assessment* are derived largely from the recommendations of ASHA Task Forces or Special Committees. The recommendations of school personnel serving as a Task Force on Screening in School Programs are used as the basis for the speech and language screening section, while those for identification audiometry were taken from the 1972 report of the ASHA Committee on Audiometric Evaluation. Ohio's newly adopted regulations for placement procedures were also utilized in developing this section.

Administrative and Supervisory Services

Currently, nineteen states make provision for state reimbursement of local supervisory and administrative services. In some states, these services may be provided through an intermediate unit. Other states allow contiguous districts to share supervisory services under a cooperative arrangement. Some of the large county, intermediate, and city systems have full time program administrators and supervisory staff who are professionally prepared in speech pathology, audiology, and education of the hearing impaired. In some smaller districts, the program administrator has preparation in a related discipline (e.g., special education or psychology) and utilizes supervisory staff trained in communicative disorders to evaluate staff competencies and to coordinate case management procedures. In the smallest districts, the program administrator may not be trained in language, speech, and hearing disorders or have supervisory level staff with such training. The Model Regulations pro-

vide for the establishment of supervisor/administrator/staff ratios to appropriately meet the needs of districts of various sizes.

RECOMMENDATIONS:

1. Supervision and administration of school language, speech, and hearing programs should be provided by persons with training and experience in these specialty areas. Program administrators should have designated responsibilities in:

a. Planning, directing and coordinating the total language, speech, and hearing program in cooperation with the [state education agency] and general school district program.
b. Selecting, assigning and evaluating staff.
c. Initiating, maintaining and updating program records to provide baseline data for decision-making and evaluation.
d. Providing information and assistance to parents, community groups, service agencies, and others.
e. Utilizing school and community resources to further the goals and objectives of the program.
f. Preparing budget requests and determining efficient procedures for allocating program funds.

Supervisors of language, speech, and hearing programs should have designated responsibilities in:

a. Providing direct supervision and assistance to all staff by reviewing case records, observing and evaluating case management practices, and serving as a consultant in difficult cases to staff, teachers, and administrators.
b. Planning, in conjunction with staff and administration, programs for pupils based on needs-assessment, goal development, determination of measurable objectives, and systematic evaluation.
c. Assisting in recruitment, selection and assignment of staff.
d. Establishing guidelines and procedures appropriate for staff services in identification, placement, referral and service termination.
e. Cooperating with other agencies and school divisions in developing needed resources and pupil services.
f. Cooperating in school district curriculum development and revision activities in order that specialized skills of staff can be utilized in the total educational program.
g. Assisting and cooperating in developing continuing education experiences for staff, and inservice training for staff, school administrators and other professional and support personnel.

2. Reimbursement formulas should provide for administrative and supervisory personnel in language, speech and hearing programs. Three present means of state support are:

a. Establishing special funding categories to include costs for these positions and/or services.
b. Counting administrative and supervisory personnel (who must meet certification and approval standards for direct-service personnel) as part of the overall staff so that at least partial salary support is available when either excess or net cost calculation is the specified method for claiming state aid.
c. Including the full cost of administrative and supervisory salaries in calculation of excess or net costs in the reimbursement formula stipulated by state statute.

MODEL REGULATIONS

Part V. Services and Program Management

***Section 501. Programs and Procedures Required**

Consistent with provisions of a working environment which will encourage efficient and effective utilization of the professional abilities and time of speech patholigists, audiologists, and teachers of the hearing impaired, and the integration of language, speech, and hearing services with the instructional and other programs of the school district as a whole, each school district shall establish and maintain programs and procedures to provide the services identified herein.

Section 502. Identification and Assessment.

*Each school district shall establish and maintain an ongoing identification, assessment and diagnostic program to ensure early identification and appropriate placement of pupils requiring language, speech, or hearing services. The program shall include:

1. Speech and language screening consistent with the following:

*a. The population to be screened and the screening model(s) used shall be specified.

*b. Qualified personnel shall conduct or supervise screening programs. Support personnel may assist in screening under supervision of a qualified professional after receiving appropriate training.

c. The tasks, items or tests used in screening shall test for articulation, language, voice and fluency, and shall be carefully selected to ensure their appropriateness for the population screened. Pertinent factors are age level, socioeconomic status and cultural background of pupils including determination of each pupil's primary language, and practicability of administration.

*d. Measures shall be included to secure uniformity of administration by all examiners.

*e. Control measures shall be included to validate and where necessary to correct testing procedures and results.

*f. Diagnostic sessions or referrals for further evaluation shall be arranged for those who show problems significant enough to warrant further assessment.

2. Provision for identification audiometry, as follows:

a. The hearing screening program shall be based on audiometric testing of individuals or groups of pupils. Individual tests shall be administered to pre-kindergarten through third-grade pupils except in those cases where the [Department] approves computerized or other appropriate procedures. Individual or group tests may be used with pupils above the third-grade level.

b. Screening audiometers shall be calibrated to American National Standards Institute (ANSI) specifications initially, and recalibrated as needed, and at least [annually]. Daily listening checks shall be performed to determine that audiometers are grossly in calibration and that no defects exist in major components.

c. The ambient noise level in any space used for audiometric screening shall not exceed 51 dB.

d. Identification audiometry programs shall be conducted or supervised by a qualified audiologist or speech pathologist with appropriate training in audiology. Support personnel may administer hearing screening tests under the supervision of a qualified speech pathologist or audiologist, after appropriate training. Control measures shall be included to validate and, where necessary, correct testing procedures.

e. Screening procedures shall be administered uniformly by all examiners, with specified test frequencies, screening level and criteria for failure. Minimum procedures shall include: screening at 20 dB HTL at 1000 Hz and 2000 Hz and at 25 dB HTL at 4000 Hz; failure to hear at the recommended screening level at any frequency is the criterion for failure.

f. Rescreening of failures shall be provided within a reasonable period after the initial testing, preferably within one week.

g. Comprehensive audiological evaluation shall be secured for failures on rescreening and be administered by qualified audiologists.

h. Pupils shown to have hearing loss as a result of comprehensive audiological assessment shall be referred for otologic examination to a licensed physician.

*3. A referral system that includes contacts with teachers, school administrators, parents and others having specific responsibilities for or knowledge of pupils in need of language, speech, and hearing services. The referral system shall specify procedures for:

a. Securing initial language, speech, and hearing screening for previously unidentified pupils.

b. Obtaining medical examinations, social case work, psychological testing, educational

evaluation and other services considered necessary for pupils as a result of language, speech, and hearing screening or assessment.

4. Language, speech, and hearing diagnostic services shall be provided by speech pathologists, audiologists and teachers of the hearing impaired for pupils detected by screening or referral. As a minimum, the diagnostic procedure shall include assessment of articulation, language, fluency, voice, auditory acuity and perception, and examination of the peripheral speech mechanism. Additional information such as case history (medical-developmental-family-social), physical examination results, academic history, psychological evaluation and educational evaluation shall be obtained for pupils who need more comprehensive diagnostic services.

*5. Specialized tests, materials and equipment appropriate to the diagnostic process shall be available for the use of qualified language, speech, and hearing program staff.

*a. When assessment procedures and instruments are selected for use in the local district, adjustments shall be made where necessary to account for the sociocultural and linguistic home environments of pupils. The appropriateness of such procedures and instruments shall be considered in administering tests and evaluating the results.

b. Tests to determine the intellectual functioning of hearing impaired pupils shall be selected from non-language performance scales standardized on, or adapted for, the hearing impaired.

*6. A registry of identified pupils shall be maintained by the school district and provision made for its periodic review. Adequate records of all pupils screened shall be maintained.

*7. If the screening and assessment procedures required by these regulations are performed by an agency other than the school district it shall be the duty of the school district to assure that these requirements are met.

Section 503. Placement

*1. School districts shall have written criteria to determine eligibility and placement of pupils in language, speech, and hearing programs. Such criteria shall include:

a. Recommendations of established diagnostic-educational teams for pupil assessment and placement. When team decisions for professional services are made for pupils with communicative disorders/deviations/needs, qualified language, speech, and hearing specialists shall have primary responsibility for determining the type of program model needed, the extent of services to be provided, and the frequency of direct/indirect contacts scheduled for pupils.

b. Assignment of responsibility to the speech pathologist, audiologist, or teacher of the hearing impaired as appropriate, to designate the type, extent and frequency of services required by pupils with communicative disorders/deviations/needs when team recommendations are not required.

*c. Prior to placement of a pupil in a special education program, or denial of entry thereto, the pupil shall receive a language, speech, and hearing screening or assessment, and where a communicative disorder/deviation/need is found to exist the language, speech, or hearing specialist shall be assigned to serve on the diagnostic-educational team responsible for pupil placement.

*d. A process for informing the parent(s) or guardian(s) of the results of screening and assessment, the diagnosis, and plans for habilitation prior to placement of any pupil.

*e. Specified procedures for parental appeal of placement decisions.

*2. Pupil placement shall be reviewed on an annual basis and pupils enrolled in language, speech, and hearing services shall be re-evaluated or reassessed at least annually by speech pathologists, audiologists and teachers of the hearing impaired, as appropriate. When comprehensive reassessment is required, pupils shall be referred to the diagnostic-educational team by the specialist providing services. In either case, written documentation shall be prepared for:

a. Retention in the program.
b. Transfer to a different program or service.
c. Dismissal and follow-up.

***Section 504. Scheduling; Records**

1. Within the first [30] days of the school year, each school district shall provide for the initiation of screening and assessment programs in its schools in order to ascertain which pupils have need for language, speech, and hearing services.

2. Pupils preregistered for the school year or who were enrolled in the school district previously and are known to require language, speech, and hearing services of a particular kind or degree shall re-

ceive such services as are necessary to permit their satisfactory performance in the educational program from the beginning of the school year. Facilities, personnel, classes, auxiliary activities, equipment and supplies shall be programmed to accomplish this requirement. Necessary services may also be funded and provided to pupils on an extended-year basis or in summer sessions.

3. All screening and assessment results shall be evaluated promptly, and a full record made and preserved for each pupil. The record shall show in detail the condition of the pupil with respect to language, speech, and hearing performance and capability. For pupils identified as needing language, speech, or hearing services, the record also shall show the diagnosis, the services required, and the manner of and extent to which they are being provided, together with the course of progress or regression, if any. Such records shall be confidential and neither the records themselves nor information contained therein shall be disclosed to any persons, except for school personnel required to use them in connection with the instruction or treatment of the pupil, the parents of the pupil, or persons authorized by a parent. The parental authorization must be in writing and subscribed.

4. Pupils shall be re-evaluated at the beginning of each school year in order to determine whether they require continuing language, speech, and hearing services. At any other reasonable times during the school year, when referral by school personnel or request of a parent provides reasonable cause to believe that a pupil is in need of language, speech, or hearing services, the pupil shall be promptly screened and assessed. Pupils enrolled in the school district after the beginning of the school year shall be screened with reasonable promptness and provided with appropriate language, speech, and hearing services promptly upon determination that they are in need thereof.

***Section 505. Habilitation and Instruction**

1. The programs and services provided by language, speech, and hearing program staff shall be based on diagnostic evaluation and assessment of language, speech, and hearing abilities, consideration of etiology, present behavior, information from referrals, and coordination with other disciplines.

2. The programs and services provided for each pupil shall be contained in a written plan which includes:

a. Establishment of goals and objectives to meet individual need which are consonant with the pupil's total educational program and curriculum, including opportunities for vocational or career education.

b. Continuous evaluation of the clinical-educational management provided for each pupil, with resultant redefinition of objectives and habilitative or instructional procedures as needed.

c. The setting forth of the objectives which when attained will warrant a change in services provided or dismissal from the program.

d. Reporting pupil progress on a regular basis to parents, teachers and other responsible parties involved.

Section 506. Consultative Services

Consultative services provided by language, speech, and hearing specialists shall include:

1. Provision of information and support to classroom teachers, curriculum specialists, and administrators.

2. Supervision and training of aides.

3. In-service training of personnel providing or being prepared to provide instructional or related services.

4. Parent counseling and instruction.

5. Demonstration of instructional procedures and techniques.

6. Curriculum and development activities.

Section 507. Coordination Time

Coordination time (equal to at least one-half day per week) shall be provided to staff delivering clinical and consultative services. This time is necessary to allow staff to perform certain professional responsibilities, such as:

1. Parent conferences.
2. Counseling and instruction.
3. Attendance at in-service professional development activities.
4. Consultations with medical and other professional support personnel.
5. Screening and assessing pupils referred after the initial identification program has ended.
6. Classroom observation of pupils.
7. Consultative services to teachers.

***Section 508. Records and Reports**

1. Procedures shall be established to ensure provision and maintenance of current, complete records and reports for every pupil receiving diag-

nostic, instructional, and habilitative services. Language, speech, and hearing program staff shall adhere to these procedures.

2. Each school district shall adopt and utilize a standard individual case record for use by professional staff incorporating the following characteristics:

a. Each case record shall contain copies of case history, results of assessment and diagnostic reports.

b. The record shall indicate the person responsible for prime management of each case and other participants involved.

c. Each case record shall provide a chronology of all services rendered. Each item appearing in the record shall be dated and signed by the appropriate person.

d. Progress reports for pupils receiving services shall be prepared at regular intervals and shall become part of each pupil's case record. A final summary report shall be prepared at the time when services are terminated.

3. Language, speech, and hearing individual case records shall be considered official school records and subject as such to general regulations regarding such records. They shall be kept in a manner which assures security, continuity and confidentiality.

4. A release signed by the parent shall be obtained as authorization for program staff to forward case record information to responsible parties outside the school system. Whenever information is released, a record shall be made and preserved that shows the recipient and the date of transmittal.

5. Procedures shall be established to terminate maintenace of individual case records when the instructional and habilitative program is completed and the pupil no longer has need for services. Case records for pupils with continuing service needs shall be maintained to at least the time specified by state statute or other applicable regulations.

6. Reports and records shall be initiated and maintained by program administrators and/or staff in order to provide:

a. Proof of the existence of individual conditions requiring services.

b. Evidence of approval of program personnel, and pupil participation in programs.

c. Demonstration of continuity and sequential development of programs.

d. Description of the nature and extent of present services.

e. Accurate assessment of present needs and projections for futute needs.

f. Necessary information for periodic program evaluation by staff or outside consultants.

g. Baseline data for research efforts necessary to improve decision-making, program planning and staff performance.

Section 509. Administration and Supervision

*1. Each school district shall make provision for specialized administration and supervision of programs by personnel meeting [Department] requirements for certification in the appropriate specialty area of speech pathology, audiology or education of the hearing impaired.

2. Where fewer than [10] staff in any one program specialty area are employed, an experienced specialist in that area (speech pathology – audiology or education of the hearing impaired) shall be designated to assume coordinating responsibilities and be given released time to perform necessary duties.

3. At least one full-time supervisor shall be employed within each specialty area for a professional staff consisting of from [10 to 29] persons.

4. Additional supervisors shall be employed in each specialty area for every [15] professionals in excess of [29].

5. At least one full-time administrator shall be employed when the total professional work force consists of [30 or more] persons.

Commentary

Part VI. Personnel

Speech Pathologists-Audiologists

A review of state certification requirements for public school speech pathologists provides evidence that these requirements are being upgraded steadily. The 1971 report by Causey et al [12] showed only two states (Hawaii and Kansas) as requiring a master's degree or equivalent for the lowest level of certification. Since that survey (made in August, 1970), a number of states have changed to the master's level or its equivalent for either initial or full certification and several states have proposals pending for change. In other states, officials in state departments of education have indicated that change in initial certification standards is under consideration.

Speech pathologists and audiologists employed in the schools should have the professional preparation that enables them to provide quality, comprehensive services to those pupils whose educational, personal, social and future vocational adjustment are affected because they have communicative disorders, deviations or developmental needs. Basically, this preparation should be directed to developing knowledges and skills in these areas:

- Knowledge of normal language and speech development, and the nature and causes of language, speech, or hearing disorders and language differences
- Mastery of diagnostic skills, procedures, techniques and instrumentation to assess and analyze the nature and severity of language, speech, or hearing disorders in individual pupils
- Understanding and mastery of the management procedures appropriate to the habilitation and instruction program for pupils requiring language, speech, or hearing services
- Understanding of the multidimensional needs evidenced by some pupils and awareness of the necessity for developing cooperative efforts with other professional support personnel, educators, and parents to meet these needs
- Effectiveness in interdisciplinary team functioning in identification, assessment and management of pupils with communicative disorders, deviations or developmental needs.

The academic and practicum requirements established for initial state certification of language, speech, and hearing program specialists should reflect the level of preparation needed to give reasonable assurance that these and other fundamental understandings and skills are possessed by those persons staffing local district programs. While it is realized that future certification and/or recertification [13] standards may be founded on the demonstration by applicants of specific competencies, until such competency-based systems become fully operational, the certification criteria established to date by the professional groups representing specialists in these fields should be utilized.[14, 15]

The ASHA is recognized as the national professional association for speech pathologists and audiologists, serves as the accrediting agency for college and university programs offering the master's degree, and requires that members hold a graduate degree or the equivalent in speech pathology, audiology, speech and hearing science, or allied fields. The ASHA Certificate of Clinical Competence is granted to members who meet specific requirements in academic preparation and supervised clinical experience; pass a comprehensive national examination; and have completed a year of paid supervised clinical internship. The certification standards in this selection are patterned on the basic academic and practicum requirements that have been established, accordingly, as a present method for protecting the public and establishing minimal professional preparation standards of specialists who can assume primary responsibility for clinical-educational management of individuals with communicative impairment.

Although some state department of education officials have pointed to a manpower shortage in the fields of speech pathology-audiology as their major objection to implementing post-bachelor's level certification standards, the current manpower supply has increased dramatically in the past few years. In the interval between 1966 and 1970, the number of graduates with master's degrees increased by about 65%.[16] Current ASHA research data [17] indicate that this growth rate has continued to accelerate in the years since 1970 to the point where a conservative estimate of new master's recipients

[12] Linda Causey et al., "A Survey of State Certification Requirements for Public School Speech Clinicians," *Asha*, 13 (1971).

[13] *Performance Recertification Field Test Guidelines* (Arizona Department of Education, 1973).

[14] Stanley Ainsworth et al., "Principles Underlying the Requirements for the Certificate of Clinical Competence Adopted," *Asha*, 14 (1972).

[15] Richard M. Flowers, "ASHA Standards Program: Some Prospects and Portents," *Asha*, 15 (1973).

[16] Ibid., p. 237.

[17] Curlee, Richard F., personal communication, Aug., 1973.

available for employment (based on linear projections over a fifteen-year span) indicates about 350 additional graduates each year over the preceding year's number. This projection anticipates about 2,536 graduates in 1972-72, but rises to about 5,008 graduates yearly by 1985.

Until very recently, a limited number of audiologists have been employed in school language,speech, and hearing programs. They have, however, been employed in residential schools for the deaf for a number of years.[18] These professionals have distinct contributions to make in implementing and supervising local district audiometric screening programs, performing comprehensive audiological assessments for pupils, providing guidance for school personnel in selection and utilization of hearing aids and classroom auditory equipment, consulting and participating with educational and other support personnel in planning for and evaluating management of hearing impaired pupils, and cooperating in or conducting research and evaluation of hearing programs. Where a district population base is too small to support the services of a full-time audiologist, it generally is possible either to contract for the services of a qualified audiologist on a part-time basis or arrange to share services with other, similar districts on a cooperative basis.

Teachers of the Hearing Impaired

The Council on Education of the Deaf (CED) serves as the accrediting agency for college and university programs offering baccalaureate and master's degrees in the preparation of teachers of the hearing impaired (deaf and hard of hearing). The CED also certifies instructional personnel employed in educational programs for hearing impaired children.[19] Provisional and professional certificates are granted to applicants who meet specific requirements in academic preparation and supervised student teaching; and, who have completed three years of supervised teaching.

The certification standards in this section are based on the revised academic and practicum requirements that have been established for Provisional and Professional Certification by CED and are regarded as the minimum preparation sufficient to assure professionally adequate services to an individual with a communicative handicap due to impaired hearing. These new CED standards become effective in January, 1974, but were adopted in 1972 and have been circulated to all professionals and training centers.

Paraprofessional Support Personnel

Increasingly, attention is being directed toward the use of paraprofessional support personnel in education programs for both the general school population and groups with special needs within the schools. In 1967, the ASHA began serious discussion of the possible role, functions, training, supervision and impact of utilizing these personnel to the profession and with those persons receiving services. By 1969, the ASHA officially recognized this category of personnel and adopted guidelines describing their role, training and supervision.[20] Since 1967, several members of the ASHA have conducted or surveyed projects designed to study the utilization of support personnel in language, speech, and hearing programs.[21, 22]

Analysis and evaluation of these studies and other projects have provided strong evidence that utilization of appropriately trained and supervised paraprofessional support personnel (clinical aides, teacher aides, communication aides, audiology technicians, audiometric assistants) is a viable concept that can lead to improved or expanded services for pupils and other persons with communicative disorders, deviations or needs. It is unrealistic, and would be a disservice to handicapped pupils, to expect these personnel to supplant fully-qualified professionals. Instead, paraprofessional support personnel should be viewed as a means of supplementing the services provided by professional staff and increasing their efficiency and productivity.

RECOMMENDATIONS:

1. Professional level certification should be required of language, speech, and hearing program staff. We recommend that state departments of education adopt:

a. the master's level or equivalent as the initial entry level certification standard for school speech pathologists and audiologists. The equivalency should incorporate the academic and practicum requirements for the ASHA Certificate of Clinical Competence.

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[18] Bruce Siegenthaler and Peter Ossley, "Audiologists in Schools for the Deaf," *Asha*, 11 (1968), p. 471.

[19] *Standards for the Certification of Teachers of the Hearing Impaired* (Council on Education of the Deaf, 1972).

[20] Committee on Supportive Personnel, "Guidelines on the Role, Training and Supervision of the Communication Aide," *Asha*, 12 (1970) p. 78.

[21] Jerry L. Northern, "Supportive Personnel in Audiology," *Asha*, 10 (1967).

[22] Paul H. Ptacek, "Supportive Personnel As An Extension of the Professional Worker's Nervous System," *Asha*, 10 (1967).

b. the 1974 academic and practicum standards developed by CED for teachers of the hearing impaired.

2. The professional specialty of audiology should be recognized as relevant and essential to the provision of comprehensive special education services. The employment of audiologists in school programs should be encouraged and supported by state reimbursement policy.

3. Clinical aides and teacher aides are being used effectively in a number of school language, speech, and hearing programs to supplement the direct clinical-educational services provided by professional staff. Provision for the employment and utilization of these support personnel should be included in reimbursement formulas for state aid.

4. In order to meet the full needs of pupils requiring language, speech, and hearing services, reimbursement formulas should include salary support for professional support personnel who must often be included in the assessment and management procedures for such pupils. These support personnel often include: psychologists, physicians, psychiatrists, social workers, nurses, dentists, physical and occupational therapists.

MODEL REGULATIONS

Part VI. Personnel Qualifications

Section 601. State Requirements

*Personnel employed to provide language, speech, and hearing services for pupils shall meet all requirements for certification and approval as established by the [Department] for their respective areas of specialization.

Section 602. Certification

1. Speech Pathologists/Audiologists shall:

a. Have a master's degree in the appropriate area from an institution with an approved program; OR

b. Have a bachelor's degree and evidence of graduate level academic preparation as follows:

- A total of 60 semester hours of academic credit accumulated from accredited colleges or universities that demonstrate a well-integrated program of course study dealing with the normal aspects of human communication, development, disorders and clinical techniques for evaluation and management of such disorders.
- Thirty (30) of the total 60 semester hours that are required for a certificate must be in courses that are acceptable toward a graduate degree by the college or university in which they are taken. Furthermore, 21 of those 30 semester hours must be within the 24 semester hours required in the professional area (speech pathology or audiology) for which certification is sought or within the six (6) semester hours required in the other areas.
- Twelve (12) of these 60 semester hours must be obtained in courses dealing with normal development and use of language, speech, and hearing.
- Thirty (30) of these 60 semester hours must be in courses that provide information relative to communicative disorders, and training in evaluation and management of speech, hearing, and language disorders. At least 24 of these 30 semester hours must be in courses in the professional area (speech pathology or audiology) for which certification is sought, and no less than six (6) semester hours shall be in audiology for certification in speech pathology or in speech pathology for certification in audiology.
- No more than six (6) semester hours shall be in courses that provide credit for clinical practice obtained during academic training.

– Credit for study of information pertaining to related fields that augment the work of the clinical practitioner of speech pathology and/or audiology shall also apply toward the total 60 semester hours.
– Completion of a minimum of 300 clock hours of supervised clinical experience with individuals presenting a variety of communicative disorders. This experience must have been obtained within the training institution or one of its cooperating programs.

2. Teachers of the hearing impaired shall:

a. Hold at least a bachelor's degree from an accredited college or university; and, show evidence of having acquired the competencies needed to teach hearing impaired children by:

(1) Having satisfactorily completed a program for the preparation of teachers of the hearing impaired, deaf and hard of hearing, at an approved center; OR

(2) Showing evidence of the completion of a minimum of thirty (30) semester hours or its equivalent in the following areas of academic preparation:

– Foundations of education of the hearing impaired, including study of philosophical approaches to education of the hearing impaired; psychological characteristics of deaf and hard of hearing populations; social adaptation of the hearing impaired; present and past trends; problems and issues in the education of the hearing impaired.
– Speech science and audiology; including study of the physical characteristics of the speech and hearing mechanisms, the physical dimensions of sound, the psychoacoustic aspects of sound, and the relationships among these areas.
– Language and communication, including theoretical and practical aspects of the development, evaluation and improvement of the hearing impaired child's receptive expressive language and his communicative skills.
– Curriculum and instruction, including development and adaptation of curriculum materials, instructional procedures, and and use of media and instructional technology, to fit the special educational needs of hearing impaired children.
– Student teaching defined as directed classroom and clinical teaching experience with hearing impaired students under the supervision of a practicum coordinator and/or a cooperating teacher for a minimum of 250 hours.

b. And, within six years after the completion of a., show evidence of the completion of a minimum of twenty (20) additional semester hours of advanced study in at least one of the above areas of specialization. At least 9 of these semester hours must be directly related to the education of the hearing impaired.

3. Program Administrators/Program Supervisors shall:

a. Hold valid certification as a speech pathologist, audiologist, or teacher of the hearing impaired as appropriate for the area of administrative/supervisory specialty.

b. Have a master's degree or its equivalent in the appropriate specialty area.

c. Show evidence of at least [three] years of satisfactory work experience in the specialty area.

d. Have completed at least [ ] additional graduate level course credits obtained in courses dealing with principles and practices of supervision, curriculum development, program management and administration.

4. Professional support personnel (other than speech pathologists, audiologists or teachers of the hearing impaired) employed to provide adjunctive services shall meet the requirements of the [Department] established for certification and/or approval for the particular specialty area.

5. Clinical aides and teacher aides employed as support personnel in speech, hearing and language problems shall:

a. Be at least [18] years of age.

b. Be at least a high school graduate.

c. Complete appropriate preservice or inservice training specific to the functions to be performed.

d. Work under the supervision of a qualified professional.

6. Certificates issued to speech pathologists, audiologists and teachers of the hearing impaired shall be valid for a period of [five] years. A minimum of [six] approved credits of inservice or additional study must be presented for certificate renewal.

7. Certificates issued to administrators/supervisors of speech, hearing and language programs shall be valid for a period of [five] years. A minimum of [six] approved credits of inservice or additional study must be presented for certificate renewal.

Commentary

Part VII. Facilities, Materials and Equipment

The environment in which language, speech, and hearing services are conducted should be suitably constructed, arranged and maintained in order that pupils may receive effective clinical services. For many years, speech and language specialists in schools have too often been assigned to inadequate work facilities. The Model Regulations do not contain specific recommendations for room size (in terms of square feet) or other factors, such as lighting in foot candles or power supply. In instances where such specific guidelines are desirable, recommendations of the ASHA Subcommittee on Housing, Committee on Language, Speech, and Hearing Services in the Schools may be used.[25] Ohio's new regulations in this area are exceptional, and parallel the Model Regulations quite closely.

[25] "Recommendations for Housing of Speech Services in the Schools," *Speech and Hearing Services in Schools* 1 (1970): pp. 34-35.

MODEL REGULATIONS

Part VII. Facilities, Materials and Equipment

Section 701. Facilities

*1. Each school or other center where language, speech, and hearing services are provided shall supply therefor facilities which meet the following criteria:

*a. The space alloted shall be properly ventilated, heated or cooled, and lighting shall be adequate throughout, with several electrical outlets.

*b. Rooms provided for itinerant and permanently-assigned staff shall be regularly available for their use, of adequate size, with sufficient and appropriate work space, seating space and furnishings.

*c. Adequate storage space shall be provided for program materials, equipment and records.

d. If diagnostic audiological services are offered, a specially constructed sound-treated suite providing adequate attenuation of outside noise shall be available. For maximum noise levels, see recommendations in ANSI 53.1 (1960 R-1971), "American National Standard Criteria for Background Noise in Audiometer Rooms."

*e. Physicial mobility of pupils shall be considered in providing an environment that is architecturally barrier-free.

f. Facilities specially used for language, speech, and hearing programs shall permit privacy, be relatively free of extraneous noise, and be readily accessible to pupils.

*2. Where available space in schools or other centers does not meet these standards, mobile speech and hearing units or prefabricated units may be approved for use in the district, in conformity with [Department] criteria for the construction, outfitting and use of such vehicles and units, but the use of such facilities shall be only a temporary measure and the school district plan submitted puruant to Section 401 of these regulations shall provide for their replacement with permanent facilities.

*3. Program administrators/supervisors shall be provided suitable office space, secretarial assistance and telephone usage.

4. Secretarial and clerical assistance shall be regularly available to program personnel.

*5. School districts operating model or demonstration programs shall provide observation areas

or windows in the facilities so that classroom or program interruptions by visitors may be minimized.

Section 702. Materials and Equipment

*1. Each school district shall provide and make available for its language, speech, and hearing programs and services all necessary equipment and materials, including both durable items and expendable supplies. As used in this section, equipment, in addition to its normal signification, also shall mean acoustical treatment of classrooms.

2. For programs offering comprehensive audiological diagnostic services, the minimum audiometric test equipment shall include a calibrated audiometer with provision for field audiometry. The audiometric instrumental array shall be capable of performing at least the following diagnostic procedures:

a. Hearing screening.
b. Pure tone air and bone conduction testing (with contralateral masking)
c. Speech discrimination and speech reception audiometry.
d. Site-of-lesion battery.
e. Hearing aid evaluation and/or consultation.

3. A planned program for the maintenance of all equipment and the regular calibration of audiometers (at least annually) shall be in operation. A calibration log shall be maintained in the school district and be available for inspection.

Commentary

Part VIII. Enforcement
Part IX. Public Participation

Both of these sections contain regulatory provisions to ensure school district compliance with established standards, and demonstration of accountability.

Language, speech and hearing programs in schools should have well defined goals and clearly stated objectives for achieving them. The program goals, as well as progress toward accomplishing them, should be known to school district and state education agency officials, professional staff providing services, other programs or departments within the local system, cooperating professionals and agencies outside the school system, and the community at large.

RECOMMENDATIONS:

1. The established goals and objectives of school language, speech, and hearing programs should emphasize the varying communicative needs and skills of individual pupils, should reflect comprehensive planning, and should allow for the development of a continuum of services including appropriate procedures for early identification, diagnosis, consultation, referral, planning, habilitation, instruction, and evaluation.

2. Within the established goals for a continuum of services, defensible rationales for case selection, student-to-professional ratios, determination of program objectives, criteria for termination of services, and all other aspects of programming should be demonstrated.

3. The language, speech, and hearing staff should have the major responsibility for writing the goals and defining the objectives designed to meet the program goals and pupil needs.

4. Program goals and objectives, to be "clinically" defined, should demonstrate that a concern for the individual pupil's needs and behavior remains central to the provision of services.

5. The program goals and objectives should complement those of the total school program, be consistent with and appropriately reflect the qualifications of the staff, space, and fiscal resources, and reflect the program's growth potential.

MODEL REGULATIONS

*Part VIII. Enforcement

Section 801. Reports and Consultation

1. Not later than [July 31] of each calendar year, each school district shall make a report to the [Department] containing the following:

a. A full narrative account of the activities of the school district during the school year just concluded in the fields of language, speech, and hearing programs and services.

b. The number of pupils who are residents of the school district and who, during the school year or any part thereof, were in need of language, speech, or hearing services.

c. A classification of the types of programs and services needed, together with the number of pupils needing each type.

d. The number of pupils receiving language, speech, and hearing services, both in total and by each classification.

e. The reasons for any disparity between the numbers needing services and the number receiving them.

f. A projection, in total and by classification, of the number of pupils estimated to need language, speech, and hearing services during the coming school year and an inventory of the resources available to meet the needs, including professional and other personnel (by category of specialization), facilities, equipment, special supplies, and funds.

g. The extent to which language, speech, and hearing programs and services were provided by the school district for itself; by contract or arrangement with private schools or other agencies; and by joint programs participated in with one or more other school districts or special education districts.

h. The status and conduct of in-service training for school district personnel in its language, speech, and hearing programs, including professional staff, support personnel and administrators.

i. Activities of the advisory body or bodies functioning as required by Section 902 of these regulations.

j. Such other information and data as the school district may wish to present for consideration of the [Department].

2. Special Education districts recognized by law as providers of language, speech, and hearing pro-

grams and services for school districts shall report separately pursuant to this Section, but each school district also shall report as required hereby.

3. The [Department] will evaluate each report submitted pursuant hereto and may require the reporting district to furnish further or additional information or corroborating evidence appropriate to permit ascertainment of the status of the district's language, speech, and hearing programs and services and compliance with the requirements of the [state education law] and these regulations.

4. The [Department] shall inform the school district in writing if any aspect of its report is unsatisfactory and in such case shall include the reasons therefor. At the instance of the school district or of the [Department], conferences and consultations may be had on any matter relating to a report of the language, speech, and hearing programs and services of the school district. Such conferences and consultations may also be had at times when a report is not due or being considered.

Section 802. State Aid

Any state aid otherwise available to a school district on account of its language, speech, and hearing programs, or otherwise, may be suspended or withheld in whole or in part by the [Department] in the case of a school district or other entitled entity to which these regulations apply and which district or entity is not in compliance therewith.

MODEL REGULATIONS

*Part IX. Public Participation

Section 901. Information

1. Pupils, parents and the general public are the clientele of the language, speech, and hearing programs and services provided by school districts. To the end that each of these clientele may have reasonable opportunity to know of the services to which it is entitled, the procedures for obtaining them and the manner in which they are being provided, each school district shall:

a. Establish and conduct an information program relating to language, speech, and hearing programs, including their content, methodology and availability.

b. Notify parents of pupils of the times and places where screenings and assessments are to occur to ascertain the language, speech, and hearing needs of pupils.

c. Promptly following each such screening or assessment, notify the parents of all pupils seen of the results thereof. Such notices shall contain information in reasonable detail concerning any services that will be provided to the pupil to meet needs identified and shall also contain such recommendations to the parent as may be appropriate concerning the language, speech, and hearing and related needs of the pupil.

2. Each school district shall assure that the professional personnel engaged in its language, speech, and hearing programs are available for individual conferences with parents, both to provide information and consultation with respect to a pupil receiving language, speech, or hearing services and to assist parents in ascertaining why particular pupils for whom they have responsibility are not receiving such services. The work responsibilities of school district personnel shall be so programmed as to afford them ample time for the conduct of and participation in such conferences.

Section 902. Advisory Mechanisms and Procedures

1. Each school district shall provide on a regular basis for the receipt of advice from parents and the community at large concerning the education of pupils requiring language, speech, and hearing services and the special needs of such pupils. The school district shall inform the [Department] of the method and arrangements which it employs to secure such advice and shall provide such documentation con-

cerning the actual operation thereof as the [Department] may require.

2. On or before [ ], the [Department] shall determine the adequacy and appropriateness of the advisory procedures or mechanisms maintained by each school district pursuant to this Section and, at intervals of [2] years thereafter, the [Department] shall review its determination and inform the school district whether its advisory procedures or mechanisms continue to be adequate and appropriate.

3. The securing of advice required by this Section may be through procedures and mechanisms which function for special education as a whole or through procedures and mechanisms relating particularly to language, speech, and hearing programs. In the former event, the school district shall furnish evidence satisfactory to the [Department] that language, speech, and hearing problems, programs and services are specifically included and receive explicit attention.

4. Each school district shall prepare, issue, keep in force, and from time to time revise or amend rules and procedures whereby parents may obtain review of decisions made by the school authorities concerning the extent and character of language, speech, and hearing services provided for or denied to a pupil. Such rules and procedures shall be on file in the offices of the school district as a public record and a copy thereof shall be available to any resident of the school district without charge, upon request.

5. Prior to taking effect, any rule or procedure required by this Section, and any amendment thereto, shall be furnished by the school district to the [Department] which shall determine whether it is in accordance with law.

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PROJECT UPGRADE:

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Recommendations for State Education Departments

AMERICAN SPEECH AND HEARING ASSOCIATION
9030 OLD GEORGETOWN ROAD, WASHINGTON, D. C. 20014

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Model Regulations for School Language, Speech, and Hearing Programs and Services

Phase I: Recommendations for State Departments of Education in Implementing Comprehensive Regulations for Language, Speech, and Hearing Services in the Schools.

The American Speech and Hearing Association
9030 Old Georgetown Road, Washington, D.C. 20014

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MODEL REGULATIONS

Part I. Authority, Scope, General Principles, Effect, and Definitions

***Section 101. Authority**

These regulations are issued and in force pursuant to [cite Title or Sections of state school law providing for education and services for exceptional children. If provisions for children with communicative disorders, deviations, or developmental needs are specifically included or appear elsewhere in the law, include in citation.]

***Section 102. Scope**

These regulations apply to the provision of educational and education-related services to persons [between birth and the age of 21] who are enrolled in the public schools of this state or in nonpublic schools, attendance at which may be offered in satisfaction of the state's compulsory school attendance laws. In addition, they apply to children who, because of physical or mental condition are being educated at home, in hospitals, or in facilities other than schools, and to persons below the compulsory school attendance age, to the extent that programs of special education and related services are available or required pursuant to law for such persons.

***Section 103. General Principles**

1. Language, speech, and hearing programs and services are required to be made available to all pupils. For all persons referred to in Section 102 of these regulations, required services include screening and assessment to ascertain whether a pupil is in need of communicative skill development, remedial or supporting instruction and habilitation, counseling or other aid in order to permit him to benefit from an educational program or to perform reasonably therein.

2. It is the responsibility of local school districts to provide language, speech, and hearing programs and services adequate to meet the requirements of state law and these regulations. This responsibility may be met by each school district acting for itself; by action of two or more school districts through establishment and maintenance of joint programs; by purchase of services from suitable public or private agencies having appropriate programs, capacity and competence; or by any combination of the foregoing. Regardless of the method or methods chosen, however, the individual school district has the responsibility and is accountable for provision of the programs and services.

3. Provision of state aid and technical assistance shall be in accordance with [cite appropriate statutes]. Direct provision of programs and services by the state shall be in accordance with law and, to the extent that it occurs, may be in lieu of provision by the local school district.

4. To the extent practicable, pupils requiring language, speech, or hearing programs or services shall be educated in the regular school program of the local school district; shall receive instruction in classes attended primarily by pupils who are not handicapped; and shall be furnished such supplementary equipment, facilities, and remedial or other services as may be necessary to enable them to perform satisfactorily in the normal learning environment of the school. Special classes, facilities, and services shall be provided outside of the regular school program only to the extent that such other locations are necessary for the proper performance of clinical, medical, or other services, or that such performance requires equipment, facilities or personnel who cannot be reasonably and efficiently accommodated on the premises of the regular schools.

***Section 104. Effect of Regulations**

These regulations have the force and effect of law. Failure on the part of any local school district or other school or agency to comply with them shall be a ground for the withholding of state aid otherwise provided for language, speech, and hearing programs or provided to the school district or other school agency generally and for the taking of any other remedial or enforcement action in accordance with law.

Section 105. Definitions

As used in these regulations:

*1. ["Department"] means the State Department of Education.

*2. "Parent" means a natural parent or any other person who has personal guardianship rights and responsibilities for a pupil.

*3. "Pupil" means a person who pursuant to the laws of this state is entitled or required to receive a public education in [grades 1-12] and any other person between birth and the age of 21 for whom education or language, speech, and hearing services are provided by the state or school district. These persons include those who evidence:

a. Language disorder/impairment – a disability in verbal learning resulting in markedly im-

***(Asterisk indicates principle applicable to all handicapped pupils.)**

paired ability to acquire, use or comprehend spoken, read and written language where no significant degree of sensory or motor incapacity, mental retardation, emotional maladjustment or environmental disadvantage is present as the primary disabling condition.

b. Voice disorder/impairment – abnormality in pitch, loudness or quality resulting from pathological conditions or inappropriate use of the vocal mechanism that interferes with communication or produces maladjustment.

c. Fluency disorder/impairment ——disruptions in the normal flow of verbal expression that occur frequently, or are markedly noticeable and are not readily controllable by the pupil. These disruptions occur to the degree that the pupil and/or his listeners evidence reactions to the manner of speech and the disruptions so that communication is impeded.

d. Articulation disorder/impairment – defective production of phonemes (speech sounds) that interferes with ready intelligibility of speech. Types of misarticulations include: substitution of one phoneme for another; omission of phonemes in words; phonemic distortions; and inappropriate additions of phonemes.

e. Hearing disorder/impairment – a loss of auditory sensitivity sufficiently severe to affect the pupil's ability to communicate with others. Deaf pupils include those whose hearing impairment is so severe that they do not learn primarily by the auditory channel even with a hearing aid and need extensive special instruction to develop communicative and learning skills. Hard of hearing pupils include those whose hearing level for speech is adequate to allow them to acquire speech and language and learn by auditory means although they may experience difficulty, under certain circumstances, in verbal communication with or without a hearing aid or other amplification equipment.

4. "Language, speech, and hearing programs and services" include the activities, materials, procedures, habilitation and instruction required by pupils with communicative disorders, deviations, and needs and provided by speech pathologists, audiologists and teachers of the hearing impaired, program administrators, supervisors and other appropriate professional and paraprofessional support personnel.

5. "Communicative disorders/deviations/needs" is the inclusive term used to denote the continuum of communicative problems and needs to be found in pupils requiring language, speech, and hearing services.

a. Pupils with communicative disorders are those exhibiting severely-impaired language, voice, fluency, articulation or hearing to such degree that academic achievement and/or psycho-social adjustment is invariably affected and the condition is significantly handicapping to the affected individuals.

b. Pupils with communicative deviations include those with mild developmental or nonmaturational problems in language, voice, fluency or articulation, as well as those with mild hearing loss requiring minimal aural rehabilitation procedures involving maintenance of adequate speech and voice quality, special classroom seating and auditory training. The milder degree of severity does not, however, contraindicate the need for interventional measures in order to permit these pupils to perform satisfactorily in the educational setting although the frequency and nature of such measures may be programmed at a different level than for those pupils with more severe impairment.

c. Pupils with communicative needs include the general school population for whom organized, sequenced curricular activities should be provided to promote the development of adequate communicative skills that will be beneficial to them as part of their overall educational program.

*d. Multiply-handicapped pupils include those with two or more conditions requiring special educational services designed to ameliorate the effects of the combined impairments. When communicative disorders/deviations/needs are present and contribute to the pupil's total disability, the provision of language, speech, or hearing services in addition to any other services or instruction provided for these pupils is considered essential.

Part II. Methods of Providing Services

*Section 201. Regular Instruction Preferred

The preferred method of providing instruction and special services to pupils in language, speech, and hearing programs shall be to accommodate them in regular school facilities in such manner as to make maximum use of and provide maximum integration with instructional and other school programs for pupils who are not handicapped. Supporting services designed to make it practicable for

the pupil with communicative disorders/deviations/needs to perform satisfactorily in the normal school environment are to be auxiliary to the regular school programs and shall be programmed so as to facilitate participation of such pupils in their regular classroom instruction and activities.

***Section 202. Special Classes**

1. Special classes shall be provided only for those pupils for whom the regular instructional program cannot be made suitable with or without supporting services for pupils or staff. Whenever a pupil can reasonably be served partly in the regular school environment, he shall be placed in a resource room or otherwise receive separate programming only for those activities and services which cannot reasonably be provided or administered in the regular instructional program.

2. It is the policy of the [Department] and shall be the policy of local school districts to assemble sufficient numbers of pupils needing language, speech, and hearing services in individual regular schools so that they may be efficiently served in conjunction with school programs for nonhandicapped pupils. Whenever there are at least [five] pupils of appropriate age and with similar special service needs whose places of abode are within the school district or within [forty-five minutes] one-way travel by reasonable transportation routing from a school that they would be eligible to attend, except for their communicative disorders/deviations/needs, it will be presumed that necessary special services or one or more special classes shall be provided for such pupils at the school. The presumption may be overcome only by the presentation to the [Department] that it is infeasible or unreasonable to establish or maintain such services or program at the school. This Section shall not be construed to prevent the local school district from selecting the site or sites of programs and services from among the several schools which may be within an area meeting the criteria set forth herein.

***Section 203. Itinerant Services**

Language, speech, and hearing services may be provided on an itinerant basis by professionally qualified persons whenever the number and location of pupils to be served does not justify their provision by professional personnel attached on a full time basis to a single school or other facility. It shall be a condition precedent to approval of an itinerant program for state aid that the school district submit evidence satisfactory to the [Department] that the quantity and quality of services provided by an itinerant program does and will continue to meet the requirements of all pupils at each location and in the area as a whole.

***Section 204. Home Services; Hospital Services**

Pupils whose physical or emotional condition is such as to preclude their attendance at school shall not be denied education on account thereof. Instruction and appropriate language, speech, and hearing services shall be provided by the school district through home or hospital programs. The provision of language, speech, and hearing services for homebound or hospitalized pupils will be approved only for those pupils with disabilities requiring medical attention, since communicative disorders/deviations/needs are not of themselves sufficient reason for nonattendance at school.

***Section 205. Institutional Provision**

1. The state may provide instruction and related services in the schools for the deaf which it maintains and operates, but preference shall be given to the provision of instruction and related services in the normal school environment.

2. School districts may provide instructional and related services in special schools for pupils requiring language, speech, and hearing services but only if such schools are maintained and operated by the school district or jointly by two or more school districts, or by a special education district. No such schools shall be established or operated by a school district or districts or by a special education district, unless approved by the [Department]. Such approval shall be given only on a showing that there are a sufficient number of pupils resident within the school district, school districts or special education district who, despite the policy preferences set forth in the laws of this state and these regulations, should not be educated in the regular schools and require language, speech, and hearing services of a character for which a special school setting is necessary or presents compelling advantages.

***Section 206. Residential Facilities**

Special schools, and diagnostic or clinical facilities to which pupils must travel more than [45 minutes] one-way from their homes and at which instruction or language, speech, and hearing services are provided for pupils on a prolonged, continuing basis shall have residential facilities suitable to house and care for such pupils.

***Section 207. Private Schools**

A school district may discharge its responsibilities toward a pupil in need of language, speech, and hearing services by contracting with a private school or facility offering competent and appropriate programs and services upon approval by the [Department].

*Part III. State and Local Responsibilities

Section 301. State Responsibilities

1. It is the responsibility of the state, in accordance with law, to provide aid and technical assistance. The state will provide instructional, remedial, habilitative and other clinical programs and services only pursuant to law.

2. It is further the responsibility of the state to monitor the language, speech, and hearing programs of school districts and nonpublic schools in order to ascertain on a continuing basis their compliance with the requirements of state law and these regulations and, where appropriate, to take enforcement action designed to secure such compliance.

Section 302. Local Responsibilities

1. To the extent and in those cases where it is not expressly otherwise provided by state law, it is the responsibility of each school district to provide each pupil who is a resident thereof with a suitable program of regular and special education and with services incidental thereto. This responsibility may be discharged by using the service delivery alternatives and program options as enumerated in Part II of these regulations, with the extent of pupil need as the chief determinant of the nature and degree of intervention provided.

2. School districts shall cooperate in, initiate or conduct research activities designed to evaluate and improve program components, methodologies and case management practices.

3. School districts contracting with other districts or private agencies to provide programs for individual pupils or groups of pupils shall maintain responsibility for pupils receiving such services by:

a. Ensuring the adequacy and appropriateness of the services provided by requiring and reviewing periodic progress reports; and
b. Conditioning payments on the proper performance of services.

*Part IV. Planning

Section 401. Content of Plan

On or before [date] each school district shall submit a plan to the [Department] outlining procedures for providing comprehensive language, speech, and hearing services for pupils, and for relating such services to the educational needs of the district school population. The plan shall be revised [annually, as needed] and shall:

1. Survey existing programs, services and facilities and reflect assessment of local needs in relation to current state and national data and trends.

2. Identify the goals and objectives of planned programs and designate program functions of the local staff to meet these goals and objectives.

3. Specify provisions for the ongoing identification, assessment, and placement of pupils in appropriate instructional programs and services, the extent of parental involvement, cooperation with appropriate community service agencies, and the use and composition of assessment teams and placement committees.

4. Describe provisions for the orderly development of sequential programs including curriculum, instructional resources, administrative/supervisory services, staffing, personnel training, facilities, funding sources, and any plans for cooperative or contractual arrangements with other local districts.

5. Describe the design for program evaluation.

Section 402. Approval of Plan

Written approval of the school district plan shall be obtained before application is filed for approval of programs, personnel and services to receive state aid. Approval of each school district plan shall be based on the following:

1. The supplying of substantial data and information from which it can reasonably be concluded that there are or will be procedures and resources to provide the services required by state law and these regulations.

2. Prior approval of the school district plan by the governing school district authority.

3. Verification of the data and information submitted and supplemental information acquired by site visits, program reviews and otherwise, when deemed appropriate by the [Department].

Part V. Services and Program Management

***Section 501. Programs and Procedures Required**

Consistent with provisions of a working environment which will encourage efficient and effective utilization of the professional abilities and time of speech pathologists, audiologists, and teachers of the hearing impaired, and the integration of language, speech, and hearing services with the instructional and other programs of the school district as a whole, each school district shall establish and maintain programs and procedures to provide the services identified herein.

Section 502. Identification and Assessment.

*Each school district shall establish and maintain an ongoing identification, assessment and diagnostic program to ensure early identification and appropriate placement of pupils requiring language, speech, or hearing services. The program shall include:

1. Speech and language screening consistent with the following:

*a. The population to be screened and the screening model(s) used shall be specified.

*b. Qualified personnel shall conduct or supervise screening programs. Support personnel may assist in screening under supervision of a qualified professional after receiving appropriate training.

c. The tasks, items or tests used in screening shall test for articulation, language, voice and fluency, and shall be carefully selected to ensure their appropriateness for the population screened. Pertinent factors are age level, socioeconomic status and cultural background of pupils including determination of each pupil's primary language, and practicability of administration.

*d. Measures shall be included to secure uniformity of administration by all examiners.

*e. Control measures shall be included to validate and where necessary to correct testing procedures and results.

*f. Diagnostic sessions or referrals for further evaluation shall be arranged for those who show problems significant enough to warrant further assessment.

2. Provision for identification audiometry, as follows:

a. The hearing screening program shall be based on audiometric testing of individuals or groups of pupils. Individual tests shall be administered to pre-kindergarten through third-grade pupils except in those cases where the [Department] approves computerized or other appropriate procedures. Individual or group tests may be used with pupils above the third-grade level.

b. Screening audiometers shall be calibrated to American National Standards Institute (ANSI) specifications initially, and recalibrated as needed, and at least [annually]. Daily listening checks shall be performed to determine that audiometers are grossly in calibration and that no defects exist in major components.

c. The ambient noise level in any space used for audiometric screening shall not exceed 51 dB.

d. Identification audiometry programs shall be conducted or supervised by a qualified audiologist or speech pathologist with appropriate training in audiology. Support personnel may administer hearing screening tests under the supervision of a qualified speech pathologist or audiologist, after appropriate training. Control measures shall be included to validate and, where necessary, correct testing procedures.

e. Screening procedures shall be administered uniformly by all examiners, with specified test frequencies, screening level and criteria for failure. Minimum procedures shall include: screening at 20 dB HTL at 1000 Hz and 2000 Hz and at 25 dB HTL at 4000 Hz; failure to hear at the recommended screening level at any frequency is the criterion for failure.

f. Rescreening of failures shall be provided within a reasonable period after the initial testing, preferably within one week.

g. Comprehensive audiological evaluation shall be secured for failures on rescreening and be administered by qualified audiologists.

h. Pupils shown to have hearing loss as a result of comprehensive audiological assessment shall be referred for otologic examination to a licensed physician.

*3. A referral system that includes contacts with teachers, school administrators, parents and others having specific responsibilities for or knowledge of pupils in need of language, speech, and hearing services. The referral system shall specify procedures for:

a. Securing initial language, speech, and hearing screening for previously unidentified pupils.

b. Obtaining medical examinations, social case work, psychological testing, educational

evaluation and other services considered necessary for pupils as a result of language, speech, and hearing screening or assessment.

4. Language, speech, and hearing diagnostic services shall be provided by speech pathologists, audiologists and teachers of the hearing impaired for pupils detected by screening or referral. As a minimum, the diagnostic procedure shall include assessment of articulation, language, fluency, voice, auditory acuity and perception, and examination of the peripheral speech mechanism. Additional information such as case history (medical-developmental-family-social), physical examination results, academic history, psychological evaluation and educational evaluation shall be obtained for pupils who need more comprehensive diagnostic services.

*5. Specialized tests, materials and equipment appropriate to the diagnostic process shall be available for the use of qualified language, speech, and hearing program staff.

*a. When assessment procedures and instruments are selected for use in the local district, adjustments shall be made where necessary to account for the sociocultural and linguistic home environments of pupils. The appropriateness of such procedures and instruments shall be considered in administering tests and evaluating the results.

b. Tests to determine the intellectual functioning of hearing impaired pupils shall be selected from non-language performance scales standardized on, or adapted for, the hearing impaired.

*6. A registry of identified pupils shall be maintained by the school district and provision made for its periodic review. Adequate records of all pupils screened shall be maintained.

*7. If the screening and assessment procedures required by these regulations are performed by an agency other than the school district it shall be the duty of the school district to assure that these requirements are met.

Section 503. Placement

*1. School districts shall have written criteria to determine eligibility and placement of pupils in language, speech, and hearing programs. Such criteria shall include:

a. Recommendations of established diagnostic-educational teams for pupil assessment and placement. When team decisions for professional services are made for pupils with communicative disorders/deviations/needs, qualified language, speech, and hearing specialists shall have primary responsibility for determining the type of program model needed, the extent of services to be provided, and the frequency of direct/indirect contacts scheduled for pupils.

b. Assignment of responsibility to the speech pathologist, audiologist, or teacher of the hearing impaired as appropriate, to designate the type, extent and frequency of services required by pupils with communicative disorders/deviations/needs when team recommendations are not required.

*c. Prior to placement of a pupil in a special education program, or denial of entry thereto, the pupil shall receive a language, speech, and hearing screening or assessment, and where a communicative disorder/deviation/need is found to exist the language, speech, or hearing specialist shall be assigned to serve on the diagnostic-educational team responsible for pupil placement.

*d. A process for informing the parent(s) or guardian(s) of the results of screening and assessment, the diagnosis, and plans for habilitation prior to placement of any pupil.

*e. Specified procedures for parental appeal of placement decisions.

*2. Pupil placement shall be reviewed on an annual basis and pupils enrolled in language, speech, and hearing services shall be re-evaluated or reassessed at least annually by speech pathologists, audiologists and teachers of the hearing impaired, as appropriate. When comprehensive reassessment is required, pupils shall be referred to the diagnostic-educational team by the specialist providing services. In either case, written documentation shall be prepared for:

a. Retention in the program.
b. Transfer to a different program or service.
c. Dismissal and follow-up.

***Section 504. Scheduling; Records**

1. Within the first [30] days of the school year, each school district shall provide for the initiation of screening and assessment programs in its schools in order to ascertain which pupils have need for language, speech, and hearing services.

2. Pupils preregistered for the school year or who were enrolled in the school district previously and are known to require language, speech, and hearing services of a particular kind or degree shall re-

ceive such services as are necessary to permit their satisfactory performance in the educational program from the beginning of the school year. Facilities, personnel, classes, auxiliary activities, equipment and supplies shall be programmed to accomplish this requirement. Necessary services may also be funded and provided to pupils on an extended-year basis or in summer sessions.

3. All screening and assessment results shall be evaluated promptly, and a full record made and preserved for each pupil. The record shall show in detail the condition of the pupil with respect to language, speech, and hearing performance and capability. For pupils identified as needing language, speech, or hearing services, the record also shall show the diagnosis, the services required, and the manner of and extent to which they are being provided, together with the course of progress or regression, if any. Such records shall be confidential and neither the records themselves nor information contained therein shall be disclosed to any persons, except for school personnel required to use them in connection with the instruction or treatment of the pupil, the parents of the pupil, or persons authorized by a parent. The parental authorization must be in writing and subscribed.

4. Pupils shall be re-evaluated at the beginning of each school year in order to determine whether they require continuing language, speech, and hearing services. At any other reasonable times during the school year, when referral by school personnel or request of a parent provides reasonable cause to believe that a pupil is in need of language, speech, or hearing services, the pupil shall be promptly screened and assessed. Pupils enrolled in the school district after the beginning of the school year shall be screened with reasonable promptness and provided with appropriate language, speech, and hearing services promptly upon determination that they are in need thereof.

***Section 505. Habilitation and Instruction**

1. The programs and services provided by language, speech, and hearing program staff shall be based on diagnostic evaluation and assessment of language, speech, and hearing abilities, consideration of etiology, present behavior, information from referrals, and coordination with other disciplines.

2. The programs and services provided for each pupil shall be contained in a written plan which includes:

a. Establishment of goals and objectives to meet individual need which are consonant with the pupil's total educational program and curriculum, including opportunities for vocational or career education.

b. Continuous evaluation of the clinical-educational management provided for each pupil, with resultant redefinition of objectives and habilitative or instructional procedures as needed.

c. The setting forth of the objectives which when attained will warrant a change in services provided or dismissal from the program.

d. Reporting pupil progress on a regular basis to parents, teachers and other responsible parties involved.

Section 506. Consultative Services

Consultative services provided by language, speech, and hearing specialists shall include:

1. Provision of information and support to classroom teachers, curriculum specialists, and administrators.

2. Supervision and training of aides.

3. In-service training of personnel providing or being prepared to provide instructional or related services.

4. Parent counseling and instruction.

5. Demonstration of instructional procedures and techniques.

6. Curriculum and development activities.

Section 507. Coordination Time

Coordination time (equal to at least one-half day per week) shall be provided to staff delivering clinical and consultative services. This time is necessary to allow staff to perform certain professional responsibilities, such as:

1. Parent conferences.
2. Counseling and instruction.
3. Attendance at in-service professional development activities.
4. Consultations with medical and other professional support personnel.
5. Screening and assessing pupils referred after the initial identification program has ended.
6. Classroom observation of pupils.
7. Consultative services to teachers.

***Section 508. Records and Reports**

1. Procedures shall be established to ensure provision and maintenance of current, complete records and reports for every pupil receiving diag-

nostic, instructional, and habilitative services. Language, speech, and hearing program staff shall adhere to these procedures.

2. Each school district shall adopt and utilize a standard individual case record for use by professional staff incorporating the following characteristics:

a. Each case record shall contain copies of case history, results of assessment and diagnostic reports.

b. The record shall indicate the person responsible for prime management of each case and other participants involved.

c. Each case record shall provide a chronology of all services rendered. Each item appearing in the record shall be dated and signed by the appropriate person.

d. Progress reports for pupils receiving services shall be prepared at regular intervals and shall become part of each pupil's case record. A final summary report shall be prepared at the time when services are terminated.

3. Language, speech, and hearing individual case records shall be considered official school records and subject as such to general regulations regarding such records. They shall be kept in a manner which assures security, continuity and confidentiality.

4. A release signed by the parent shall be obtained as authorization for program staff to forward case record information to responsible parties outside the school system. Whenever information is released, a record shall be made and preserved that shows the recipient and the date of transmittal.

5. Procedures shall be established to terminate maintenace of individual case records when the instructional and habilitative program is completed and the pupil no longer has need for services. Case records for pupils with continuing service needs shall be maintained to at least the time specified by state statute or other applicable regulations.

6. Reports and records shall be initiated and maintained by program administrators and/or staff in order to provide:

a. Proof of the existence of individual conditions requiring services.

b. Evidence of approval of program personnel, and pupil participation in programs.

c. Demonstration of continuity and sequential development of programs.

d. Description of the nature and extent of present services.

e. Accurate assessment of present needs and projections for future needs.

f. Necessary information for periodic program evaluation by staff or outside consultants.

g. Baseline data for research efforts necessary to improve decision-making, program planning and staff performance.

Section 509. Administration and Supervision

*1. Each school district shall make provision for specialized administration and supervision of programs by personnel meeting [Department] requirements for certification in the appropriate specialty area of speech pathology, audiology or education of the hearing impaired.

2. Where fewer than [10] staff in any one program specialty area are employed, an experienced specialist in that area (speech pathology – audiology or education of the hearing impaired) shall be designated to assume coordinating responsibilities and be given released time to perform necessary duties.

3. At least one full-time supervisor shall be employed within each specialty area for a professional staff consisting of from [10 to 29] persons.

4. Additional supervisors shall be employed in each specialty area for every [15] professionals in excess of [29].

5. At least one full-time administrator shall be employed when the total professional work force consists of [30 or more] persons.

Part VI. Personnel Qualifications

Section 601. State Requirements

*Personnel employed to provide language, speech, and hearing services for pupils shall meet all requirements for certification and approval as established by the [Department] for their respective areas of specialization.

Section 602. Certification

1. Speech Pathologists/Audiologists shall:

a. Have a master's degree in the appropriate area from an institution with an approved program; OR

b. Have a bachelor's degree and evidence of graduate level academic preparation as follows:

– A total of 60 semester hours of academic credit accumulated from accredited colleges or universities that demonstrate a well-integrated program of course study dealing with

the normal aspects of human communication, development, disorders and clinical techniques for evaluation and management of such disorders.

- Thirty (30) of the total 60 semester hours that are required for a certificate must be in courses that are acceptable toward a graduate degree by the college or university in which they are taken. Furthermore, 21 of those 30 semester hours must be within the 24 semester hours required in the professional area (speech pathology or audiology) for which certification is sought or within the six (6) semester hours required in the other areas.
- Twelve (12) of these 60 semester hours must be obtained in courses dealing with normal development and use of language, speech, and hearing.
- Thirty (30) of these 60 semester hours must be in courses that provide information relative to communicative disorders, and training in evaluation and management of speech, hearing, and language disorders. At least 24 of these 30 semester hours must be in courses in the professional area (speech pathology or audiology) for which certification is sought, and no less than six (6) semester hours shall be in audiology for certification in speech pathology or in speech pathology for certification in audiology.
- No more than six (6) semester hours shall be in courses that provide credit for clinical practice obtained during academic training.
- Credit for study of information pertaining to related fields that augment the work of the clinical practitioner of speech pathology and/or audiology shall also apply toward the total 60 semester hours.
- Completion of a minimum of 300 clock hours of supervised clinical experience with individuals presenting a variety of communicative disorders. This experience must have been obtained within the training institution or one of its cooperating programs.

2. Teachers of the hearing impaired shall:

a. Hold at least a bachelor's degree from an accredited college or university; and, show evidence of having acquired the competencies needed to teach hearing impaired children by:

(1) Having satisfactorily completed a program for the preparation of teachers of the hearing impaired, deaf and hard of hearing, at an approved center; OR

(2) Showing evidence of the completion of a minimum of thirty (30) semester hours or its equivalent in the following areas of academic preparation:

- Foundations of education of the hearing impaired, including study of philosophical approaches to education of the hearing impaired; psychological characteristics of deaf and hard of hearing populations; social adaptation of the hearing impaired; present and past trends; problems and issues in the education of the hearing impaired.
- Speech science and audiology; including study of the physical characteristics of the speech and hearing mechanisms, the physical dimensions of sound, the psychoacoustic aspects of sound, and the relationships among these areas.
- Language and communication, including theoretical and practical aspects of the development, evaluation and improvement of the hearing impaired child's receptive expressive language and his communicative skills.
- Curriculum and instruction, including development and adaptation of curriculum materials, instructional procedures, and and use of media and instructional technology, to fit the special educational needs of hearing impaired children.
- Student teaching defined as directed classroom and clinical teaching experience with hearing impaired students under the supervision of a practicum coordinator and/or a cooperating teacher for a minimum of 250 hours.

b. And, within six years after the completion of a., show evidence of the completion of a minimum of twenty (20) additional semester hours of advanced study in at least one of the above areas of specialization. At least 9 of these semester hours must be directly related to the education of the hearing impaired.

3. Program Administrators/Program Supervisors shall:

a. Hold valid certification as a speech pathologist, audiologist, or teacher of the hearing impaired as appropriate for the area of administrative/supervisory specialty.

b. Have a master's degree or its equivalent in the appropriate specialty area.

c. Show evidence of at least [three] years of

satisfactory work experience in the specialty area.

d. Have completed at least [ ] additional graduate level course credits obtained in courses dealing with principles and practices of supervision, curriculum development, program management and administration.

4. Professional support personnel (other than speech pathologists, audiologists or teachers of the hearing impaired) employed to provide adjunctive services shall meet the requirements of the [Department] established for certification and/or approval for the particular specialty area.

5. Clinical aides and teacher aides employed as support personnel in speech, hearing and language problems shall:

a. Be at least [18] years of age.

b. Be at least a high school graduate.

c. Complete appropriate preservice or inservice training specific to the functions to be performed.

d. Work under the supervision of a qualified professional.

6. Certificates issued to speech pathologists, audiologists and teachers of the hearing impaired shall be valid for a period of [five] years. A minimum of [six] approved credits of inservice or additional study must be presented for certificate renewal.

7. Certificates issued to administrators/supervisors of speech, hearing and language programs shall be valid for a period of [five] years. A minimum of [six] approved credits of inservice or additional study must be presented for certificate renewal.

Part VII. Facilities, Materials and Equipment

Section 701. Facilities

*1. Each school or other center where language, speech, and hearing services are provided shall supply therefor facilities which meet the following criteria:

*a. The space alloted shall be properly ventilated, heated or cooled, and lighting shall be adequate throughout, with several electrical outlets.

*b. Rooms provided for itinerant and permanently-assigned staff shall be regularly available for their use, of adequate size, with sufficient and appropriate work space, seating space and furnishings.

*c. Adequate storage space shall be provided for program materials, equipment and records.

d. If diagnostic audiological services are offered, a specially constructed sound-treated suite providing adequate attenuation of outside noise shall be available. For maximum noise levels, see recommendations in ANSI 53.1 (1960 R-1971), "American National Standard Criteria for Background Noise in Audiometer Rooms."

*e. Physicial mobility of pupils shall be considered in providing an environment that is architecturally barrier-free.

f. Facilities specially used for language, speech, and hearing programs shall permit privacy, be relatively free of extraneous noise, and be readily accessible to pupils.

*2. Where available space in schools or other centers does not meet these standards, mobile speech and hearing units or prefabricated units may be approved for use in the district, in conformity with [Department] criteria for the construction, outfitting and use of such vehicles and units, but the use of such facilities shall be only a temporary measure and the school district plan submitted puruant to Section 401 of these regulations shall provide for their replacement with permanent facilities.

*3. Program administrators/supervisors shall be provided suitable office space, secretarial assistance and telephone usage.

4. Secretarial and clerical assistance shall be regularly available to program personnel.

*5. School districts operating model or demonstration programs shall provide observation areas or windows in the facilities so that classroom or program interruptions by visitors may be minimized.

Section 702. Materials and Equipment

*1. Each school district shall provide and make available for its language, speech, and hearing programs and services all necessary equipment and materials, including both durable items and expendable supplies. As used in this section, equipment, in addition to its normal signification, also shall mean acoustical treatment of classrooms.

2. For programs offering comprehensive audiological diagnostic services, the minimum audiometric test equipment shall include a calibrated audiometer with provision for field audiometry. The audiometric instrumental array shall be capable of performing at least the following diagnostic procedures:

a. Hearing screening.
b. Pure tone air and bone conduction testing (with contralateral masking)
c. Speech discrimination and speech reception audiometry.
d. Site-of-lesion battery.
e. Hearing aid evaluation and/or consultation.

3. A planned program for the maintenance of all equipment and the regular calibration of audiometers (at least annually) shall be in operation. A calibration log shall be maintained in the school district and be available for inspection.

*Part VIII. Enforcement

Section 801. Reports and Consultation

1. Not later than [July 31] of each calendar year, each school district shall make a report to the [Department] containing the following:

a. A full narrative account of the activities of the school district during the school year just concluded in the fields of language, speech, and hearing programs and services.

b. The number of pupils who are residents of the school district and who, during the school year or any part thereof, were in need of language, speech, or hearing services.

c. A classification of the types of programs and services needed, together with the number of pupils needing each type.

d. The number of pupils receiving language, speech, and hearing services, both in total and by each classification.

e. The reasons for any disparity between the numbers needing services and the number receiving them.

f. A projection, in total and by classification, of the number of pupils estimated to need language, speech, and hearing services during the coming school year and an inventory of the resources available to meet the needs, including professional and other personnel (by category of specialization), facilities, equipment, special supplies, and funds.

g. The extent to which language, speech, and hearing programs and services were provided by the school district for itself; by contract or arrangement with private schools or other agencies; and by joint programs participated in with one or more other school districts or special education districts.

h. The status and conduct of in-service training for school district personnel in its language, speech, and hearing programs, including professional staff, support personnel and administrators.

i. Activities of the advisory body or bodies functioning as required by Section 902 of these regulations.

j. Such other information and data as the school district may wish to present for consideration of the [Department].

2. Special Education districts recognized by law as providers of language, speech, and hearing programs and services for school districts shall report separately pursuant to this Section, but each school district also shall report as required hereby.

3. The [Department] will evaluate each report submitted pursuant hereto and may require the reporting district to furnish further or additional information or corroborating evidence appropriate to permit ascertainment of the status of the district's language, speech, and hearing programs and services and compliance with the requirements of the [state education law] and these regulations.

4. The [Department] shall inform the school district in writing if any aspect of its report is unsatisfactory and in such case shall include the reasons therefor. At the instance of the school district or of the [Department], conferences and consultations may be had on any matter relating to a report of the language, speech, and hearing programs and services of the school district. Such conferences and consultations may also be had at times when a report is not due or being considered.

Section 802. State Aid

Any state aid otherwise available to a school district on account of its language, speech, and hearing programs, or otherwise, may be suspended or withheld in whole or in part by the [Department] in the case of a school district or other entitled entity to which these regulations apply and which district or entity is not in compliance therewith.

*Part IX. Public Participation

Section 901. Information

1. Pupils, parents and the general public are the clientele of the language, speech, and hearing programs and services provided by school districts. To the end that each of these clientele may have

reasonable opportunity to know of the services to which it is entitled, the procedures for obtaining them and the manner in which they are being provided, each school district shall:

a. Establish and conduct an information program relating to language, speech, and hearing programs, including their content, methodology and availability.

b. Notify parents of pupils of the times and places where screenings and assessments are to occur to ascertain the language, speech, and hearing needs of pupils.

c. Promptly following each such screening or assessment, notify the parents of all pupils seen of the results thereof. Such notices shall contain information in reasonable detail concerning any services that will be provided to the pupil to meet needs identified and shall also contain such recommendations to the parent as may be appropriate concerning the language, speech, and hearing and related needs of the pupil.

2. Each school district shall assure that the professional personnel engaged in its language, speech, and hearing programs are available for individual conferences with parents, both to provide information and consultation with respect to a pupil receiving language, speech, or hearing services and to assist parents in ascertaining why particular pupils for whom they have responsibility are not receiving such services. The work responsibilities of school district personnel shall be so programmed as to afford them ample time for the conduct of and participation in such conferences.

Section 902. Advisory Mechanisms and Procedures

1. Each school district shall provide on a regular basis for the receipt of advice from parents and the community at large concerning the education of pupils requiring language, speech, and hearing services and the special needs of such pupils. The school district shall inform the [Department] of the method and arrangements which it employs to secure such advice and shall provide such documentation concerning the actual operation thereof as the [Department] may require.

2. On or before [ ], the [Department] shall determine the adequacy and appropriateness of the advisory procedures or mechanisms maintained by each school district pursuant to this Section and, at intervals of [2] years thereafter, the [Department] shall review its determination and inform the school district whether its advisory procedures or mechanisms continue to be adequate and appropriate.

3. The securing of advice required by this Section may be through procedures and mechanisms which function for special education as a whole or through procedures and mechanisms relating particularly to language, speech, and hearing programs. In the former event, the school district shall furnish evidence satisfactory to the [Department] that language, speech, and hearing problems, programs and services are specifically included and receive explicit attention.

4. Each school district shall prepare, issue, keep in force, and from time to time revise or amend rules and procedures whereby parents may obtain review of decisions made by the school authorities concerning the extent and character of language, speech, and hearing services provided for or denied to a pupil. Such rules and procedures shall be on file in the offices of the school district as a public record and a copy thereof shall be available to any resident of the school district without charge, upon request.

5. Prior to taking effect, any rule or procedure required by this Section, and any amendment thereto, shall be furnished by the school district to the [Department] which shall determine whether it is in accordance with law.

ADDENDUM

Since the ASHA standards program does not include minimal preparation guidelines and/or standards for classroom instructors of the hearing impaired, the UPGRADE Technical Study Team agreed that the recently-adopted standards developed by the Council on Education of the Deaf should serve as the basis for recommending minimal certification criteria for these professional personnel.

A resolution in support of this position was submitted to ABESPA, the ASHA Executive Board and was adopted by the Legislative Council at the ASHA Annual Convention in Detroit, Michigan, October 16, 1973. The resolution reads as follows (L.C. Res. 48, 1973):

> WHEREAS, professional self-regulation is a prime feature of the ASHA standards program, and
>
> WHEREAS, the Council on Education of the Deaf (CED) is a national organization of educators of the hearing impaired including representation from the Alexander Graham Bell Association for the Deaf (A.G. Bell), the Conference of Executives of American Schools for the Deaf (CEASD), and the Convention of American Instructors of the Deaf (CAID), and
>
> WHEREAS, the CED has developed national minimum standards of professional preparation for teachers of the hearing impaired, to become effective in January, 1974, and
>
> WHEREAS, those standards have been formally adopted by the CED with the consent and approval of the aforementioned member organizations; therefore
>
> RESOLVED, That the American Speech and Hearing Association reaffirms its concern for the welfare of all communicatively-impaired children and youth in the schools; and further
>
> RESOLVED, That the American Speech and Hearing Association supports the efforts of the Council on Education of the Deaf to strengthen preparation and certification standards for teachers of the hearing impaired as a necessary step in achieving improved curricular instruction for hearing impaired children and youth.

ERRATUM

p. iii - William David Mills, M.A., is Coordinator of the Physically Handicapped Section in the Exceptional Children Division, North Carolina State Department of Public Instruction.